



Short-term/Temporary Busing Request Form

This form should be completed if your child requires transportation as an exception to Office of Pupil Transportation's (OPT) [eligibility rules](#) for a maximum of 60 days because of a temporary medical condition (e.g. post-surgery recovery) or short-term limited mobility (e.g. fractured leg). Please email this form with supporting documentation (e.g. Hospital Admission/Discharge Form, note from the student's health care provider, confirmation note from school) to 504TransportationRequest@schools.nyc.gov. Copy your school's 504 Coordinator, or you may ask the 504 Coordinator to submit it on your behalf.

For a long-term or chronic medical condition that affects your child's ability to walk or take public transportation, you must submit completed [504 Accommodation Request Forms](#) (Parent Request Form, HIPAA and Medical Accommodations Request Form) to the school's 504 Coordinator.

Student ID (OSIS #):	School ATSDBN:	Student First Name:	Student Last Name:
Student Date of Birth:	Student Address:		
Date of Diagnosis/Onset:	Diagnosis/Condition: <input type="checkbox"/> Fracture <input type="checkbox"/> Pre/post-surgery <input type="checkbox"/> Other short-term mobility condition		
What is the estimated duration of this short-term/temporary condition? (Time from onset of injury) <i>If the duration is greater than 60 days, do not complete this form. Follow the instructions above for long-term or chronic conditions (504 Accommodation Request Form).</i>			
How does the short-term/temporary condition affect the student's ability to take public transportation?			
Please list any equipment (e.g. crutches or wheelchair) that will accompany the student during transit:			
Requested accommodations to address student's needs during transportation: <input type="checkbox"/> Stop-to-school <input type="checkbox"/> Curb-to-school <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Lift Bus <input type="checkbox"/> Other _____			

Name of Parent/Guardian _____

Daytime Phone Number _____

Signature of Parent/Guardian _____

Date _____