



# *Our Lady Star of the Sea School*

*5411 Ambroy Road*

*Staten Island, N.Y. 10312*

*Tel: (718) 984-5750 Fax: (347) 630-7211*

June, 2021

Dear Parents:

We are currently preparing for bus service for the 2021 – 2022 school year. OPT (Office of Pupil Transportation) mandates that in order to be eligible to ride the school bus students in grades K – 2 must live ½ a mile or more from the school. Students in grades 3 – 6 must live 1 mile or more from the school and students in 7<sup>th</sup> & 8<sup>th</sup> grade 1 ½ miles from the school. **Guidelines are set by OPT not OLSS.**

***If you would like your child to ride the bus for the first time you must register your child on Wednesday, June 30 from 10:00 – 12:00 at the school. If your child currently rides the bus and you are requesting a change in buses (due to an address change), please call the school office. If your child currently rides the bus and there are no changes nothing needs to be done.***

If you would like your child to ride the school bus, but do not live within the guidelines for grade and distance and would like to apply for an exception, you must fill out a request for an exception. Once the form has been filled out please bring or mail to the school office as soon as possible so that they can be emailed to the Office of Pupil Transportation. If you are not sure if you live within the guidelines, contact the school office. **If your child currently has an exception (variance) please call the school office to check if it is necessary to reapply for a new exception.**

Sincerely,

Maria Conklin  
School Secretary



*Our Lady Star of the Sea School*

Faith Excellence Service

**Request for Exception to Transportation Rules and Eligibility**

**Please note:** This form must be completed by the child’s primary parent/guardian, except for students in foster care, whose foster care agency can complete on behalf of the parent/guardian and foster parent.

Submit this form to [BusingExceptions@schools.nyc.gov](mailto:BusingExceptions@schools.nyc.gov), or ask your school to scan and email it to that email address.

**Note to families in domestic violence situations:** Please use the designated PO Box; if you do not have one, please speak to your shelter. If you are not residing in a shelter, please speak to your school.

<b>Student ID</b>	<b>Student First Name</b>		<b>Student Last Name</b>
<b>Student Date of Birth (MM-DD-YYYY)</b>	<b>Parent/Guardian First Name</b>		<b>Parent/Guardian Last Name</b>
<b>Street Number and Name (families in DV shelters should enter their PO Box)</b>	<b>Apartment or Unit #</b>	<b>Zip Code</b>	<b>Borough</b>
<b>Parent/Guardian Phone #</b>	<b>Parent/Guardian Email</b>		<b>Current School Code (District – Borough – School), if known</b>
<b>Current School Name</b>			<b>Does the child currently receive busing?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
<b>If child is under 5 years old: Weight of child: _____ lbs (This is used to determine the potential need for car seat.)</b>			<b>Does the child’s sibling currently receive busing?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
<b>Reason for Request for Exception (check one)</b> <ul style="list-style-type: none"> <li><input type="radio"/> The child is in temporary housing (shelter, domestic violence shelter, living with others due to financial hardship [“doubled up”], displaced because of a fire, disaster, eviction, etc.)</li> <li><input type="radio"/> The child recently transitioned from temporary housing to permanent housing</li> <li><input type="radio"/> The child is in foster care</li> <li><input type="radio"/> There is a hazard or obstruction that makes walking to the school, current bus stop, or public transportation unsafe for the child <i>(fill out section 2)</i></li> <li><input type="radio"/> The child is a victim of or was involved with a crime and/or has an Order of Protection, and needs transportation to address the situation <i>(fill out section 3)</i></li> <li><input type="radio"/> The child already receives busing, and the child’s parents/guardians have a joint custody agreement and would like to receive transportation to both addresses <i>(fill out section 4)</i></li> <li><input type="radio"/> The child has a medical or health condition that requires busing <i>(fill out section 5)</i></li> </ul> <p>If you do not see the reason you would like transportation listed above, please email us at <a href="mailto:BusingExceptions@schools.nyc.gov">BusingExceptions@schools.nyc.gov</a> for more information.</p>			
<b>Parent/Guardian Signature</b>			<b>Date</b>
<b>Joint Custody Only: Second Parent/Guardian Signature</b> <i>I have read all pages of the application filled out by the parent/guardian with primary physical custody as named by the custody agreement or court order, and agree to all contents within.</i>			<b>Date</b>
<b>Foster Care Only: Foster Care Agency Designee or Foster Parent Signature</b>			<b>Date</b>



Department of  
Education  
Chancellor Richard A. Carranza

## Request for Exception to Transportation Rules and Eligibility

### Section 2: Hazard or Obstruction

Please note: The following are NOT considered hazards or obstructions, and requests based on the following will not be approved.

- People loitering along the walkway
- General concerns about crime in the neighborhood
- Unpaved roads or sidewalks
- Traveling in the dark
- Abandoned buildings lining a street along the walkway

Please list all applicable intersection(s) and identify the hazard or obstruction:

Street or Avenue:	Cross Street or Avenue:	Choose all that apply: <input type="checkbox"/> Narrow bridge or underpass <input type="checkbox"/> Railroad crossing <input type="checkbox"/> No sidewalk <input type="checkbox"/> Busy street but no stop sign, traffic light, and/or pedestrian crossing <input type="checkbox"/> Barrier that requires re-routing to a longer walkway
Street or Avenue:	Cross Street or Avenue:	Choose all that apply: <input type="checkbox"/> Narrow bridge or underpass <input type="checkbox"/> Railroad crossing <input type="checkbox"/> No sidewalk <input type="checkbox"/> Busy street but no stop sign, traffic light, and/or pedestrian crossing <input type="checkbox"/> Barrier that requires re-routing to a longer walkway
Street or Avenue:	Cross Street or Avenue:	Choose all that apply: <input type="checkbox"/> Narrow bridge or underpass <input type="checkbox"/> Railroad crossing <input type="checkbox"/> No sidewalk <input type="checkbox"/> Busy street but no stop sign, traffic light, and/or pedestrian crossing <input type="checkbox"/> Barrier that requires re-routing to a longer walkway

### Section 3: Victim of or Involved with a Crime and/or Order of Protection

Please check all of the following that apply:

- Police report is attached
- I filed an incident report with my school
- Written statement is attached
- Order of protection is attached

### Section 4: Joint Custody

**VERY IMPORTANT:** Please note the following:

- This application will NOT be accepted unless BOTH parent/guardians sign this application on the front page.
- The Custody Agreement or Court Order MUST accompany this application in order to process.
- The calendar requested in this application MUST be consistent with the Custody Agreement or Court Order.
- No requests for changes to the approved calendar will be accepted by the NYCDOE, school, or bus company. To change the schedule, a NEW application must be submitted.



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### Request for Exception to Transportation Rules and Eligibility

**Parent/Guardian with *primary* physical custody per the Custody Agreement or Court Order (*Address 1*)**

First Name	Last Name	Phone #
Street Number and Name	Apartment or Unit #	Zip
		Borough

Email Address:

**Parent/Guardian with *secondary* physical custody per the Custody Agreement or Court Order (*Address 2*)**

First Name	Last Name	Phone #
Street Number and Name	Apartment or Unit #	Zip
		Borough

Email Address:

**Requested Calendar**

Address 1 = Primary Parent/Guardian

Address 2 = Secondary Parent/Guardian

**Week 1: Check the address for each day**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2
PM	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2

**Week 2: Check the address for each day**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2
PM	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2	<input type="radio"/> Address 1 <input type="radio"/> Address 2

**Section 5: Medical or Health**

The child has the following medical / health condition that requires busing (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Amputation, missing, or prosthetic limb (foot, leg)                              | <input type="checkbox"/> Anemia  |
| <input type="checkbox"/> Blindness  | <input type="checkbox"/> Asthma or respiratory conditions or diseases                                      |
| <input type="checkbox"/> Broken, dislocated, or fractured bone (foot, ankle, leg, hip, knee, back, spine) | <input type="checkbox"/> Cystic Fibrosis   |
| <input type="checkbox"/> Cancer, tumor, transplant, or surgery (bone, joint, brain, organ)                | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Cerebral palsy   | <input type="checkbox"/> Disability or condition that affects child's behavior or ability to self-regulate |
| <input type="checkbox"/> Epilepsy / seizures  | <input type="checkbox"/> Dysplasia   |
| <input type="checkbox"/> Organ transplant   | <input type="checkbox"/> Heart Disease   |
| <input type="checkbox"/> Scoliosis  | <input type="checkbox"/> Hemophilia  |
| <input type="checkbox"/> Spinal bifida  | <input type="checkbox"/> Hypertension  |
| <input type="checkbox"/> Stroke   | <input type="checkbox"/> Lupus   |
| <input type="checkbox"/> Traumatic Brain Injury   | <input type="checkbox"/> Muscular Dystrophy  |
|   | <input type="checkbox"/> Neurological disorder   |
|   | <input type="checkbox"/> Sickle Cell Anemia  |
| <input type="checkbox"/> Other (please name and describe): _____  |  |

**VERY IMPORTANT: This request CANNOT be processed unless BOTH of the following are submitted:**

- HIPAA
- Medical / Health Evaluation Request – must be filled out by child's doctor