



Instructions for Completion of Hazard Evaluation Requests - 2016-2017

Please read carefully and follow all instructions – incomplete or illegible requests or those missing required documentation cannot be processed and will be returned.

The Department of Education provides transportation to General Education pupils who meet defined grade and distance requirements. Information on these requirements can be found on page six, below, of these instructions and at the following location: [DOE grade/distance eligibility information](#).

These requirements specify the following:

1. Transportation is provided only to eligible pupils
2. In general, only K through 6th grade pupils are entitled to yellow bus
3. Public transportation (MTA bus or subway) is equivalent to yellow bus as a form of transportation

Given this, requests for exceptions to the grade and distance requirements that apply to all general education pupils will only be approved when a clear and convincing reason is presented for the exception.

Parents or guardians may use the "Hazard Evaluation Request" form to apply for an exception to OPT's normal rules for pupil transportation when they believe that their child will encounter a hazard on the walk to school. This may be when:

- The pupil must use a narrow bridge, overpass or underpass with no sidewalks or shoulders
- The pupil must cross railroad tracks lacking safety gates or other protective measures
- The pupil must walk in an area lacking sidewalks or shoulders along the route to school or to a public bus stop or subway station (please note, paved sidewalks are **not** required)
- The pupil must cross one or more intersections without satisfactory traffic control devices

Exceptions based on hazardous conditions are limited to the circumstances described above that result from unsafe traffic, traffic control conditions, dangerous crossings, or areas impassable to pedestrians. Before applying for an exception we recommend that you access the NYC Department of Transportation's School Safety Map Locator website [\[available here\]](#) to review maps available there that display safe routes to various schools. Students are expected to walk along established streets and sidewalks available to regular auto or pedestrian traffic or on satisfactory off-road paths (paved sidewalks are **not** required) in order to reach school.

If you are requesting consideration due to hazardous conditions, both the nature and the specific location of the hazard must be indicated. For example, if your child would normally walk up to one mile to school, and a certain section of the route lacks sidewalks or a certain intersection lacks traffic control devices such as traffic lights or stop signs, you must identify both the problem [for example, "no sidewalks"] and the specific location ["from the corner of Main Street to the corner of 6th Avenue"]. Giving OPT precise information will assist us in doing a site visit to evaluate the hazard and will help avoid ambiguity in responding to your specific concerns. **Requests that do not specify the specific location(s) of the areas of concern will be returned.**

Instructions for completion of Hazard Evaluation requests

Some of the **reasons for which exceptions will not be approved are:**

- Unsavory persons loitering in the area the child must pass to get to school,
- General concerns about crime in the area,
- Unpaved roads or unpaved sidewalks,
- School sessions that require the child to travel to school or return home in the dark,
- Abandoned buildings lining the street leading to school or a bus or subway stop,
- Parks with through streets or sidewalks that the child must travel.

The instructions below describe how each section of the Hazard Evaluation Request form is to be completed. If followed, this should permit a prompt and accurate assessment of the need for an exception. The instructions are detailed both to minimize the need to request additional information, which will only delay the process, and to facilitate translation of the information into multiple languages. The request form, however, must be completed using the English language.

Illegible, incomplete or unsigned forms cannot be processed and will be returned to the pupil's parent or guardian. When complete information is provided, a decision on an exception request can usually be provided within fifteen (15) days. In exceptional cases or during particularly busy times of the year, a decision may take up to thirty (30) days.

In order to maintain the legibility of these forms, we require that they be returned **BY MAIL**. Copies submitted by fax, whether from the parent or the school, will not be accepted.

Instructions for parents or guardians for completion of Hazard Evaluation Requests

At each of the numbered locations in **Section 1 (Pupil Information)** on the form, **clearly** type or print the following (**all information is required**):

- 1.1a Pupil's **last name** (surname or family name)
- 1.1b Pupil's **first name** (given name)
- 1.1c Pupil's **middle initial**, if any

- 1.2 Pupil's **date of birth** in MM-DD-YY format

- 1.3 Check ✓ to indicate the pupil's **gender** (1.3a for Male, 1.3b for Female)

- 1.4 Pupil's **student identification number** (OSIS number)

- 1.5 Pupil's **grade** (grade number from K to 12 or NG for "non-graded")

- 1.6 Check ✓ to indicate the pupil's **classification** (1.6a for General Ed, 1.6b for Special Ed)

- 1.7a **House or building number** of pupil's home address
- 1.7b **Street name** of pupil's home address
- 1.7c **Apartment number**, if any

- 1.8 **Borough** of pupil's home address (1.8a for Brooklyn, 1.8b for Bronx, 1.8c for Manhattan, 1.8d for Queens, 1.8e for Staten Island)

- 1.9 **City** of pupil's home address

- 1.10 **Zip code** of pupil's home address ["Zip + four" if known]

Instructions for completion of Hazard Evaluation requests

Instructions for parents, con't.

At each of the numbered locations in **Section 2 (Parent/Guardian Information)** on the form please **clearly** type or print the following:

- 2.1a Parent or guardian's **last name** (surname or family name)
- 2.1b Parent or guardian's **first name** (given name)
- 2.1c Parent or guardian's **middle initial**, if any

- 2.2 Indicate parent or guardian's title by checking [✓] 2.2a for Mr., 2.2b for Mrs., 2.2c for Ms, or 2.2d for "other". Use the space following "other" to indicate this title.

- 2.3 Enter the parent or guardian's **primary telephone number**
- 2.4 Enter an **extension** associated with the primary telephone number, if any
- 2.5 Enter the parent or guardian's **alternate telephone number**, if any
- 2.6 Enter an **extension** associated with the alternate telephone number, if any
- 2.7 Enter the parent or guardian's **e-mail address**, if any
- 2.8 The parent or guardian must **sign** the form in the space provided.
- 2.9 **Date** the form in the space provided.

At each of the numbered locations in **Section 3 (Reason for Evaluation Request)** on the form, **clearly** type or print the following:

- 3.1 Check [✓] here if you believe that your child must use a **narrow bridge, overpass or underpass** without sidewalks or adequate shoulders along the route to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. You must **identify the specific location(s) where you believe this hazard exists.**

- 3.2 Check [✓] here if you believe that your child must cross a **railroad crossing** along the route to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. You must **identify the specific location(s) where you believe this hazard exists.**

- 3.3 Check [✓] here (a through e) if you believe that there are **no sidewalks or satisfactory off-road paths** along the route that the pupil would normally walk to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. **You must identify the specific location(s) where you believe this hazard exists.** When reviewing these requests, in certain cases OPT may recommend an alternative walking path that avoids the hazardous conditions. OPT will not recommend a walking path that requires a child to walk further than his or her normal eligibility distance.

- 3.4 Check [✓] here (a through e) if you believe that your child must cross a **dangerous intersection** along the route to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. **You must identify the specific location(s) where you believe this hazard exists and identify any existing traffic control devices found at the location.**

Evaluation requests submitted without identification of specific locations where hazards are believed to exist cannot be processed and will be returned to parents or guardians.

Instructions for completion of Hazard Evaluation requests

Instructions for parents, con't.

After you have completed page 1, 2, 3 and 4, if necessary, the Hazard Evaluation Request, bring the form to your child's school so that the school can complete page 5. When all required pages have been completed, the request should be **mailed** to the Office of Pupil Transportation at the address shown below. Please **do not fax** evaluation request forms to OPT.

Instructions for schools for completion of the Hazard Evaluation Requests

Please carefully review the information provided by parents on page 1 of the request and assist them, if necessary, in identifying the student's grade, identification (OSIS) number, and GE or SE classification. Please also review the information they have provided on pages 2 through 4 with regard to the specific locations of any hazards they feel their child would encounter in travelling to school. **Forms that do not provide complete student identification information of lack specific information regarding the location(s) of hazards will be returned.**

Please **clearly** type or print ALL of the information required in Section 4 (p. 5, School Related Information) of the evaluation request form. Please be particularly attentive to the following:

- Please provide the **name, primary telephone number with any required extension and e-mail address of the school's transportation coordinator** or pupil accounting secretary and the **name, primary telephone number with any required extension and e-mail address of the school's principal.**
- **The request form must be signed by the school principal or the principal's designee** and, together with any additional documentation, should be returned to:

NYC Department of Education
Office of Pupil transportation
Exception Review Unit
44-36 Vernon Boulevard
Long Island City, NY 11101-7006

In order to maintain the legibility of these forms, we require that they be returned **BY MAIL**. DOE Interoffice Mail or "regular" US mail is adequate. Certified, express or overnight delivery is not required. **DO NOT FAX forms to OPT.**

Thank you for your cooperation.



OFFICE OF PUPIL TRANSPORTATION
 44-36 Vernon Boulevard
 Long Island City, NY 11101
 Telephone: 718-392-8855

Hazard Evaluation Request 2016 — 2017

PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

Please read and follow directions carefully when completing this form

1. PUPIL INFORMATION - ALL information including student ID number and grade must be provided.

1.1 Pupil Name			1.2 Date of birth (MM-DD-YY)		
1.1a Last name	1.1b First name	1.1c MI			
1.3 Gender		1.4 Identification Number		1.5 Grade	
1.3a <input type="checkbox"/> Male 1.3b <input type="checkbox"/> Female				1.6 Classification	
				1.6a <input type="checkbox"/> General Ed 1.6b <input type="checkbox"/> Special Ed	
1.7 Home address				1.8 Borough	
1.7a House/building number		1.7b Street name		1.7c Apt. #	
				1.8a <input type="checkbox"/> BK 1.8b <input type="checkbox"/> BX 1.8c <input type="checkbox"/> M 1.8d <input type="checkbox"/> Q 1.8e <input type="checkbox"/> SI	
1.9 City			State	1.10 Zip Code	
			NY		

2. PARENT / GUARDIAN INFORMATION

2.1 Name of parent or guardian			2.2 Title		
2.1a Last name	2.1b First name	2.1c MI	2.2a <input type="checkbox"/> Mr. 2.2b <input type="checkbox"/> Mrs. 2.2c <input type="checkbox"/> Ms. 2.2d <input type="checkbox"/> Other		
2.3 Primary telephone number		2.4 Extension		2.5 Alternate telephone number	
				2.6 Extension	
2.7 E-mail address of parent or guardian					
2.8 Signature of parent or guardian					2.9 Date

SEE PAGES TWO THROUGH FIVE FOR ADDITIONAL REQUIRED INFORMATION



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PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED
Please read and follow directions carefully when completing this form

3. REASON FOR EVALUATION REQUEST

Pupil name:		
Last name	First name	MI

3.1 NARROW BRIDGES, OVERPASSES OR UNDERPASSES (TUNNELS)

3.1 a Narrow bridge, overpass or underpass (tunnel) along the route to school, bus or subway station:

On _____ between _____ and _____
Street name Street name Street name

3.1 b Narrow bridge, overpass or underpass (tunnel) along the route to school, bus or subway station:

On _____ between _____ and _____
Street name Street name Street name

3.1 c Narrow bridge, overpass or underpass (tunnel) along the route to school, bus or subway station:

On _____ between _____ and _____
Street name Street name Street name

3.2 RAILROAD CROSSING(S)

3.2 a Railroad crossing along the route to school, bus or subway station:

On _____ between _____ and _____
Street name Street name Street name

3.2 b Railroad crossing along the route to school, bus or subway station:

On _____ between _____ and _____
Street name Street name Street name

3.2 c Railroad crossing along the route to school, bus or subway station:

On _____ between _____ and _____
Street name Street name Street name

SEE PAGES THREE THROUGH FIVE FOR ADDITIONAL REQUIRED INFORMATION



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PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

Please read and follow directions carefully when completing this form

3. REASON FOR EVALUATION REQUEST

Pupil name:

Last name

First name

MI

3.3 NO SIDEWALK OR SHOULDER ALONG THE ROUTE TO SCHOOL, BUS OR SUBWAY STATION

3.3 a No sidewalk or shoulder along the route to school, bus, or subway station:

On _____ between [A] _____ and [B] _____
Street name Street name Street name

Number of streets ["blocks"] between locations A and B: 1 2 to 5 6 to 10 11 or more

3.3 b No sidewalk or shoulder along the route to school, bus, or subway station:

On _____ between [A] _____ and [B] _____
Street name Street name Street name

Number of streets ["blocks"] between locations A and B: 1 2 to 5 6 to 10 11 or more

3.3 c No sidewalk or shoulder along the route to school, bus, or subway station:

On _____ between [A] _____ and [B] _____
Street name Street name Street name

Number of streets ["blocks"] between locations A and B: 1 2 to 5 6 to 10 11 or more

3.3 d No sidewalk or shoulder along the route to school, bus, or subway station:

On _____ between [A] _____ and [B] _____
Street name Street name Street name

Number of streets ["blocks"] between locations A and B: 1 2 to 5 6 to 10 11 or more

3.3 e No sidewalk or shoulder along the route to school, bus, or subway station:

On _____ between [A] _____ and [B] _____
Street name Street name Street name

Number of streets ["blocks"] between locations A and B: 1 2 to 5 6 to 10 11 or more

SEE PAGES FOUR AND FIVE FOR ADDITIONAL REQUIRED INFORMATION



PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED
Please read and follow directions carefully when completing this form

3. REASON FOR EVALUATION REQUEST

Pupil name:		
Last name	First name	MI

3.4 HAZARDOUS INTERSECTION(S) ALONG THE ROUTE TO SCHOOL, BUS OR SUBWAY STATION

3.4 a Hazardous intersection along the route to school, bus or subway station:

Intersection of _____ and _____
Street name Street name

Traffic control devices at this location:

None Stop sign Traffic light Painted crosswalk School crossing sign Crossing guard

3.4 b Hazardous intersection along the route to school, bus or subway station:

Intersection of _____ and _____
Street name Street name

Traffic control devices at this location:

None Stop sign Traffic light Painted crosswalk School crossing sign Crossing guard

3.4 c Hazardous intersection along the route to school, bus or subway station:

Intersection of _____ and _____
Street name Street name

Traffic control devices at this location:

None Stop sign Traffic light Painted crosswalk School crossing sign Crossing guard

3.4 d Hazardous intersection along the route to school, bus or subway station:

Intersection of _____ and _____
Street name Street name

Traffic control devices at this location:

None Stop sign Traffic light Painted crosswalk School crossing sign Crossing guard

3.4 e Hazardous intersection along the route to school, bus or subway station:

Intersection of _____ and _____
Street name Street name

Traffic control devices at this location:

None Stop sign Traffic light Painted crosswalk School crossing sign Crossing guard

SEE PAGE FIVE FOR ADDITIONAL REQUIRED INFORMATION



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PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

4. SCHOOL-RELATED INFORMATION

Pupil name:		
<small>Last name</small>	<small>First name</small>	<small>MI</small>

School name PS 94 Q- The David D. Porter School	ATS Code	OPT Code
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Address 4177 Little Neck Pkwy.	Borough
<small>Street number Street name</small>	<input type="checkbox"/> BK <input type="checkbox"/> BX <input type="checkbox"/> M <input checked="" type="checkbox"/> Q <input type="checkbox"/> SI

City Little Neck	State NY	Zip Code 1 1 3 6 3 +
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Transportation coordinator's name Asaro Connie	Transportation coordinator's e-mail address CAsaro@schools.nyc.gov
<small>Last name First name MI</small>	

Primary telephone number 7 1 8 - 4 2 3 - 8 4 9 1 -	Extension	Alternate telephone number	Extension
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Principal's name Avakians Laura	Principal's e-mail address
<small>Last name First name MI</small>	

Alternate telephone number	Extension	Primary telephone number	Extension
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Is transportation now provided by OPT? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what transportation is provided? <input type="checkbox"/> GE bus <input type="checkbox"/> SE bus <input type="checkbox"/> Full-fare MetroCard <input type="checkbox"/> Half-fare MetroCard
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If the pupil now uses a school bus, what is the route number?	What is the medical alert code, if any?
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What is the pupil's session time? 8:20 AM to 2:40 PM
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What transportation is being requested? <input checked="" type="checkbox"/> GE bus <input type="checkbox"/> SE bus <input type="checkbox"/> Full-fare MetroCard
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Signature of principal or designee <i>Laura Avakians</i>	Title Principal	Date 6/20/16
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Please **MAIL** completed variance request forms to (requests by fax are NOT accepted):

Office of Pupil Transportation
Exception Review Unit
44-36 Vernon Boulevard , 6th Floor
Long Island City, NY 11101

For assistance, contact OPT Customer Service at 718-392-8855