OPT TRANSPORTATION REQUEST FOR THE 2010-2011 SCHOOL YEAR

REQUEST FOR FREE OFFICE OF PUPIL TRANSPORTATION BUS SERVICE

The Office of Public Transportation presently offers two bus routes to our school. Stops on those routes are listed below. We do not know if the routes will be the same or changed due to the number of children serviced.

This service is for KINDERGARTEN through the SECOND GRADE who live over 1/2 mile from the school and for GRADES

3 through 6 who live one mile or more from the school. It is not a door to door service, but the bus stops are set up in the general vicinity of the homes of several students. The Office of Pupil Transportation requires a minimum number of students per bus route and the route cannot be longer than 5 miles. If Student is taking the opt bus, they are not eligible for metrocard.

If you desire this <u>FREE</u> service supplied by the City, please fill in the form below and return it to the School Office.

Present Office of Pupil Transportation Routes

ROUTE	1: 35 th Avenue & 24 th Street 0109
Local	35 th Avenue & 31 st Street 0108
	34 th Avenue & 41 st Street 0107
	Broadway & 47 th Street 0106
	31 st Avenue & 41 st Street 0114
	31 st Avenue & 36 th Street 0111
	30 th Avenue & 21 st Street 0110
	32 ND Street & 24 th Avenue 0113
	30 th Avenue & 31 st Street 0104
	24 th Avenue & 21 st Street 0101
	34 th Avenue & 12 th Street 0112
ROUTE	2: Junction Blvd. at 53 rd Ave 0201
DISTAN	the and a
2101111	47 th Avenue & 41 st Street 0205
	Skillman Ave. & 48 th Street0208

The School Office must submit the student's name to the Office of Pupil Transportation. It is against regulations for parents to bring their child to a bus stop without submitting the form below to the School Office.

OPT TRANSPORTATION REQUEST FOR THE 2010-2011 SCHOOL YEAR

Name and Address of Student (s) for bus service: PLEASE PRINT Name (s)		Date Of BirthGrade (s)			
Address		State			
Home Phone #		Business Phone #			
Previous School					
(Please Circle ONE choice) My child would use the bus:	ROUND-TRIP	MORNING		2:30 PM	
Please list the stop you would like	your child to use. (Choose	e one of the above <u>GUARANTI</u>	EED stops)		

Stop to be used:

******You <u>MUST</u> pick one of the above stops (and indicate it on the line above)

METRO CARD APPLICATION FORM

PARENTS, PLEASE NOTE: IF A CHILD IS ALREADY TAKING THE OPT BUS, THEY ARE NOT ENTITLED TO RECEIVE A PUBLIC TRANSPORTATION PASS.

The Office of Pupil Transportation offers two metro cards to students full fare and half fare metro cards. Full fare metro cards can be used on the bus or train and half fare metro cards are for bus use only. Students eligible for half fare cards are required to pay $\frac{1}{2}$ the fare. Requirements are as follows:

K-2 students who live 1/2 mile or more are eligible for full fare.

who live less than 1/2 mile are eligible for half fare metro card.

3-6 grade students who live a mile or more are eligible for full fare.

who live 1/2 mile up to a mile are eligible for half fare metro card.

7-8 grade students who live over 1 ¹/₂ miles from the school are eligible full fare metro card

who live over $\frac{1}{2}$ mile to 1 $\frac{1}{2}$ mile from the school are eligible for half fare metro card.

Student's residence must be within the five boroughs.

IF YOU DESIRE A METRO CARD FOR YOUR CHILD, AND FALL WITHIN THE GUIDELINES, PLEASE COMPLETE AND SUBMIT THE FORM TO THE SCHOOL OFFICE.

PUBLIC BUS OR TRAIN REQUEST FOR THE 2010-2011 SCHOOL YEAR

STUDENT'S NA	AME	GRADE	
DATE OF BIRT	ГН	PREVIOUS SCHOOL	
ADDRESS		APT#	
CITY	STATE	ZIP CODE	
HOME PHONE	C # I	BUSINESS PHONE #	
PLE	ASE INDICATE THE TRA	IN OR BUS LINE YOUR CHILD	WILL USE
Train:	Name of Line		
Bus:	Name of Company		
	Bus Number		
FOR SCHOOL OF	FICE USE ONLY – DO NOT WRITE ON THIS	SPACE	
Date of Sul	omission:	_ Data entry:	_
1 ST Card re	ceived:	CARD #	Initials
2 ND Card re	eceived:	CARD #	Initials



Evangel Christian School Bus Service

Evangel Christian School is providing a door to door bus service. If you are interested in having your child on the bus, please complete the form below and submit it to the school office as soon as possible.

We have ten spots available and it is first come first serve basis.

TRANSPORTATION REQUEST FORM - FOR SCHOOL YEAR 2010- 2011

Name and Address of student (s) for bus service:

PLEASE PRINT: Name (s)			Grade	
Address		Apt. No	Zip Code	
City	Cross streets			
Telephone No. ()				
Special information for Bus Driver:				

Please check off whether you want AM or PM or Round Trip

I desire door-to-door service for:

☐ Morning

- □ 2:45 Bus
 - Round Trip

Service Area	One Way	Round Trip
Local (includes Woodside Projects)	\$ 100.00	\$ 180.00
Sunnyside, Jackson Hts., Elmhurst, Woodside (excl. Woodside Projects)	\$ 105.00	\$ 190.00
Corona, E. Elmhurst, Limited areas in Maspeth, Flushing	\$ 110.00	\$ 200.00

Note: If you don't find your area above we can always add or reroute. Please call, Natalie Verosza, or come to the office to discuss.

HIGH SCHOOL METRO CARD APPLICATION FORM

TO RECEIVE A PUBLIC TRANSPORTATION PASS:

The Office of Pupil Transportation offers two metro cards to students: full fare and half fare metro cards. Full fare metro cards can be used on the bus or train and half fare metro cards are for bus use only. Students eligible for half fare cards are required to pay $\frac{1}{2}$ the fare. Requirements are as follows:

- (1) Students who live over a ½ mile to1 ½ mile from the school will receive a half fare metro card. This metro card can only be used on the bus. The student must pay half of the bus fare. You cannot use it on the train.
- (2) Students who live over 1 ½ mile form the school are eligible for a full fare metro card good for use on the train and bus.
- (3) Student's residence must be within the five borough.

IF YOU DESIRE A METRO CARD FOR YOUR CHILD, AND FALL WITHIN THE REQUIREMENT, PLEASE COMPLETE AND SUBMIT THIS FORM TO THE SCHOOL OFFICE.

PUBLIC BUS OR TRAIN REQUEST FOR 2010-2011 SCHOOL YEAR

STUDENT'S NAME		GRADE

ADDRESS_____CITY____STATE___APT#__ZIP CODE_____

 HOME PHONE #_____
 BUSINESS PHONE #_____

DATE OF BIRTH_____ PREVIOUS SCHOOL (new students only) _____

PLEASE INDICATE THE TRAIN OR BUS LINE YOUR CHILD WILL USE.

 Train:
 Name of Line______

 Bus:
 Name of Company______

Bus Number

DISCLAIMER:

(Upon signing below, you agree that the above address is your current residential address and is the same address the school has on record.)

Parents Signature: _____

FOR OFFICE USE ONLY:	
Date of Submission:_	Data Entry: