

GLEN COVE CITY SCHOOL DISTRICT

TRANSPORTATION REVIEW REQUEST

STUDENT'S NAME _____

DATE: _____

SCHOOL _____

GRADE _____

PARENT'S NAME _____

ADDRESS _____

PHONE # _____

Did you receive GCSD bus transportation last year? _____

Do you get transportation this year? _____ If yes, what is your bus stop? _____

Please state your request for this year:

Does this represent a safety concern for your child? If so, please explain.
