

**Glen Cove School District**  
Transportation Office  
154 Dosoris Lane  
Glen Cove, New York 11542  
(516)801-7075

For Dept. use only	
Trans.	_____date_____int
PS	_____date_____int

**APPLICATION FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS  
FOR SCHOOL YEAR 2025-2026**

In accordance with the laws of the State of New York, I hereby request transportation for my child for the 2022-2023 school year. This form must be returned to the Glen Cove School District Transportation Office on or **BEFORE April 1, 2025**. Failure to comply with this date may result in the denial of transportation. You may only list **ONE SCHOOL** per form. If you have children attending different non-public schools you must fill out a separate form for **each school**.

**School's Name/Address:** \_\_\_\_\_

Same School as Previous Year     New School    School's Phone #: \_\_\_\_\_

School Hours: \_\_\_\_\_ School Starting Date: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ Grade Sept 25 \_\_\_\_\_ DOB: \_\_\_\_\_

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**Student's Name:** \_\_\_\_\_ Grade Sept 25 \_\_\_\_\_ DOB: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

**Email Address** \_\_\_\_\_

**For New Residents & Change of address - Proof of Residency: Two proofs required (one must be a current utility bill)** – Kindly forward this form with two proofs of residency to Glen Cove City School District, Transportation Department, 154 Dosoris Lane, Glen Cove, NY 11542. Please call 516-801-7075 with any questions.

**Please submit a copy of student's proof of age (birth certificate, passport, etc) for all new registrants.**

Please notify the Glen Cove School District Transportation office immediately if transportation is no longer required or if your child changes schools.

**Transportation will not be provided to any private and/or parochial school when the Glen Cove School District closes for inclement weather.**

I hereby request transportation for the above pupil(s) under the applicable New York State law.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date