



# Manhasset Public Schools

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Pupil Transportation Department

Kelly Fredrickson  
Transportation Coordinator

January 2025

Dear Parents,

New York State Education Law and Manhasset Board of Education policy require that a parent or guardian of a resident student planning to attend a non-public school during the 2025-2026 school year who wishes to receive transportation services must submit a written application for such services to their school district of residence on or before April 1st, 2025. \* Failure to submit such application prior to the April 1st deadline will result in a denial of the request for transportation. A new application requesting transportation must be submitted for each school year for each child attending a non-public school.

Transportation is provided for students enrolled in grades K-12 to non-public schools located within 15 miles of the student's residence. Students in grades 7-12 must live more than 1 mile from the school they attend to be eligible for transportation services. Kindergarten students must reach the age of five on or before December 1, 2025, to be eligible for transportation. A copy of the child's birth certificate must accompany the application for transportation for every kindergarten student.

Board of Education policy states that the Board will provide late bus transportation to resident students who engage in after-school programs at their school, when there are at least five (5) students utilizing such transportation service or when such service can be provided at no additional cost. For students attending non-public schools, late bus transportation must be requested on the annual Application for Transportation to a Non-Public School, due no later than April 1st preceding the beginning of the next school year.

Decisions regarding the provision of late bus service will be made each school year based upon the enrollment at each school and the number of students who will utilize late bus service. In the event that late bus ridership falls below the minimum of five (5) students for ten (10) consecutive days, the run may be cancelled at the discretion of the District, no sooner than 10 days following written parental notification.

Transportation to non-public schools will not be provided prior to the first day of school for Manhasset Public Schools, and on the following days (or observance thereof) unless Manhasset Public Schools are in session: Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Presidents Day, Good Friday, and Memorial Day.

If Manhasset Public Schools are closed due to inclement weather, transportation to non-public schools will not be provided. If Manhasset Public Schools has a delayed opening, transportation to non-public schools is also delayed. Additional school closing and delayed opening information can be found in the Manhasset Public Schools Calendar and on the District's web site [www.manhassettschools.org](http://www.manhassettschools.org)

Please fill out the requested information on the enclosed application and return it to the address at the top of the form **no later than April 1, 2025**. Contact the Transportation Office at 516-267-7777 if you have any questions.

Sincerely,

Kelly Fredrickson  
Transportation Coordinator

*\* Unless the family moves into the district after April 1, in which case the request must be made within 30 days of establishing residency.*

Manhasset Public Schools  
Office of Pupil Transportation  
200 Memorial Place  
Manhasset, New York 11030

**APPLICATION FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL 2025-2026**

**Student Information**

Last Name	First Name	Grade (Sept 2025)	Date of Birth* ____/____/____	M/F Gender	Y/N Late Bus?
Last Name	First Name	Grade (Sept 2025)	Date of Birth* ____/____/____	M/F Gender	Y/N Late Bus?
Last Name	First Name	Grade (Sept 2025)	Date of Birth* ____/____/____	M/F Gender	Y/N Late Bus?

*\*Note: A birth certificate, baptismal certificate, or passport is required for kindergarten students*

Home Address \_\_\_\_\_ Home phone # \_\_\_\_\_

Move in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*\*New residents must provide proof of residency. Contact the Transportation Office to obtain the necessary Forms\*\**

<u>Homeowner:</u>	<u>Renter/Tenant:</u>	<u>Other:</u>
<input type="checkbox"/> Affidavit of Residency <input type="checkbox"/> Deed or Mortgage Statement or Tax Bill  <b>AND</b> at least three (3) from the following list: <input type="checkbox"/> Electric Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Affidavit of Residency <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Owner/Lessor Affidavit  <b>AND</b> at least three (3) from the following list: <input type="checkbox"/> Electric Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Affidavit of Residency <input type="checkbox"/> Head of Household Affidavit <input type="checkbox"/> Deed, Mortgage Statement, Tax Bill, or Lease  <b>AND</b> at least three (3) from the following list: <input type="checkbox"/> Electric Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Bank Statement

**School Information**

School Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

School Hours \_\_\_\_\_ a.m. - \_\_\_\_\_ p.m.      First Day of School:   9   / \_\_\_\_ / 2025

What school did student attend last school year (24/25)? \_\_\_\_\_

**Parent/Guardian Information**

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Cell Phone (____) _____	Cell Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Email _____	Email _____

*In accordance with Section 3635 of the New York State Education Law, I hereby request transportation for the student named above. I acknowledge that I have read the statements regarding non-public school transportation on the first page of this form.*

Parent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# PORT WASHINGTON Union Free School District

CHRISTOPHER B. SHIELDS, Ed.D. 516-767-5005  
Interim Superintendent

ROBIN MOURA  
Director of Transportation

Administration Building  
100 Campus Drive  
Port Washington, NY 11050  
516-767-5680  
FAX 516-767-5683

Dear Parents,

Residents of the Port Washington UFSD whose children are planning to attend a non-public school **must apply for Transportation on or before April 1, 2025.** Failure to apply before April 1st may jeopardize your ability to qualify for transportation. The eligibility guidelines for the Port Washington School District are as follows:

- K-5 more than ½ mile
- 6-8 more than ¾ mile and
- 7-12 more than 1¼ mile.

**Transportation is not provided for a school over 15 miles from the residence.**

Busing begins on the first day of the Port Washington UFSD calendar. Transportation is not provided on days the Port Washington UFSD is not in session. That includes all federal holidays and religious holidays within the school calendar year.

- |                |                   |                    |                 |                  |
|----------------|-------------------|--------------------|-----------------|------------------|
| • Columbus Day | • Veteran’s Day   | • Thanksgiving Day | • Christmas Day | • New Year’s Day |
| • MLK Day      | • President’s Day | • Memorial Day     | • Labor Day     |                  |

**There is also no bus service on orientation days.** Late buses will be provided only if there are five or more students who will be riding the late bus every day.

In the event of inclement weather, requiring a Port Washington UFSD closing, there will be no transportation provided to schools out of the district. School closing information can be found on our website, at [Portnet.org](http://Portnet.org)

The Port Washington Transportation Application is the only acceptable form for transportation and must be completed each year for every student as required by law. It is the parent/guardian(s) responsibility to notify the Port Washington School District of any change of address and/or phone number or when transportation is no longer required.

Eligible children must be five years old no later than **December 1, 2025.** Public school age regulations govern all transportation eligibility. **All new students must register at our Central Registration at the Administrative Annex located at Avenue C, Port Washington. A registration packet can be obtained by calling 767-5470 or through the district website at [portnet.org](http://portnet.org), accessing the Parents and Students toolbar.**

Please fill in all the information on the application and return to the above address no later than **APRIL 1, 2025.** If you have any questions, please contact the transportation office at (516) 767-5680 between 8:00 am and 4:00 pm.

Sincerely,

Robin Moura  
Transportation Director

**FAILURE TO SUBMIT THIS TRANSPORTATION REQUEST FORM PRIOR TO: APRIL 1, 2025 COULD RESULT IN YOUR CHILD BEING INELIGIBLE FOR TRANSPORTATION. IN THOSE CASES, THE COST AND THE ARRANGEMENT WILL BECOME THE PARENT’S RESPONSIBILITY.**

**DUE APRIL 1, 2025**  
PORT WASHINGTON SCHOOL DISTRICT  
APPLICATION FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL 2025-26

PLEASE PRINT: DUE APRIL 1, 2025: 

Student's Name \_\_\_\_\_  
                                        LAST NAME                                        FIRST NAME  
Address \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Grade in September 2024 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

(Kindergarten students **must** register at Central Registration)

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School Attending \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
School Opening Date \_\_\_\_\_ School Hours \_\_\_\_\_

(Please include the school calendar if available).

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Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
Additional Information/Comments: \_\_\_\_\_

I acknowledge that I have read all statements and completed all information on this transportation form and request transportation under Section 3635 of the New York State Education Law.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# Elmont Union Free School District

**MARLON C. SMALL**  
*Superintendent of Schools*

**AUDREY CABELL**  
*Director of Pupil Personnel Services*

**HELISSE PALMORE**  
*Assistant Director of Pupil Personnel Services*

October 1, 2024

Our Lady of Grace Montessori School  
29 Shelter Rock Road  
Manhasset, NY 11030

Re: Elmont U.F.S.D. Children Attending Your School

To Whom It May Concern:

Please list on the enclosed form the name, date of birth, address and grade of all Elmont Union Free School District resident children in **Kindergarten through sixth grade**, who are attending your school.

If you do not have any Elmont students attending your school, please indicate it on the form. In addition, please provide the telephone and fax numbers of your school for our records.

I would appreciate your returning the list to me by November 1, 2024. Please mail the completed form to the above address, fax to 516-326-6125 or email [mgilbert@elmontschools.org](mailto:mgilbert@elmontschools.org).

If you have any questions, please contact me at 516-434-2240.

Thank you for your cooperation.

Sincerely,

*Audrey Cabbell*

Audrey Cabbell  
Director of Pupil Personnel Services

Enc.  
/mg

**ELMONT UNION FREE SCHOOL DISTRICT RESIDENTS**

**2024-2025**

DATE: \_\_\_\_\_

**Our Lady of Grace Montessori School  
29 Shelter Rock Road  
Manhasset NY 11030**

PHONE # OF SCHOOL: 516-365-9832

FAX #: 516-627-5343

Email:  
anne.kaja@olgmanhasset.com

SCHOOL DISTRICT YOU ARE LOCATED IN: Manhasset

**ELMONT RESIDENT STUDENTS ATTENDING PRIVATE SCHOOLS**

<b>Student's Name</b>	<b>Date Of Birth</b>	<b>Address</b>	<b>Grade K-6</b>

**Please return to: A. Cabbell, Director of Pupil Personnel  
Elmont UFSD  
1735 Hempstead Turnpike  
Elmont, NY 11003  
FAX # (516) 326-6125  
Email - mgilbert@elmontschools.org**

**2025 – 2026 TRANSPORTATION APPLICATION  
FOR PRIVATE and PAROCHIAL SCHOOLS ONLY**

(Please print clearly)

**NAME OF SCHOOL** \_\_\_\_\_

**SCHOOL ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**GRADE ENTERING 2025-2026** \_\_\_\_\_

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To: Board of Education  
Garden City Public Schools  
Ms. Dana DiCapua, Asst. Supt. for Business & Finance  
56 Cathedral Avenue  
Garden City, NY 11530

**ONE TRANSPORTATION APPLICATION PER PUPIL MUST BE COMPLETED EACH YEAR. IF YOUR CHILD IS CONTINUING IN THE SAME SCHOOL, AN APPLICATION IS STILL REQUIRED.**

I hereby request transportation for the 2025-2026 school year for my child named below.

Name of Pupil: \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Address: \_\_\_\_\_ Parent Name \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Parent Name \_\_\_\_\_ Cell # \_\_\_\_\_

Pupil Date of Birth: \_\_\_\_\_ Email Address \_\_\_\_\_

Approximate mileage from home to school \_\_\_\_\_ Student's Age as of 09/01/2025 \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Parent/Guardian

If this is a new enrollment for 2025 - 2026 please check one:

Pupil has been accepted \_\_\_\_\_ Pupil is on waiting list \_\_\_\_\_

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**MEMO TO PARENTS OR GUARDIANS:**

**ONE SCHOOL and ONE CHILD per application only.** If you have more than one child attending the same school, please submit an application for each child. **Transportation will be provided if the distance to the school falls within the District mileage limitations.**

For budget allotment purposes, please return this application to the Administration Office at the address referenced above as soon as possible. State Education Law requires that applications be filed **BEFORE APRIL 1, 2025** for the 2025 - 2026 school year. If there are any questions regarding eligibility, please call the Transportation Office at 516-478-1900.

If you move, transfer your child, or if your child is not accepted into the school listed above, **PLEASE NOTIFY US IMMEDIATELY. WE MUST HAVE YOUR ORIGINAL SIGNATURE; THEREFORE, FAXED and EMAILED APPLICATIONS WILL NOT BE ACCEPTED.**

If you would like a receipt of your application being received by the Administration Office, please enclose a self-addressed, stamped envelope or postcard.