



**PLAINEDGE PUBLIC SCHOOLS  
TRANSPORTATION OFFICE  
241 WYNGATE DRIVE, N. MASSAPEQUA, NY 11758  
PHONE (516) 992-7490 FAX (516) 992-7489**

CAROL MUSCARELLA  
INTERIM SUPERINTENDENT OF SCHOOLS

BRIAN MCCARTHY  
SUPERVISOR OF TRANSPORTATION

**REQUEST FOR TRANSPORTATION  
FOR SCHOOL YEAR 2026-2027**

***Use this form ONLY if you have already REGISTERED with Plainedge School District  
and have not changed your residency***

To be eligible for transportation:

- A. The student must reside in the Plainedge School District.
- B. Not reside more than 15 miles from the school of attendance.
- C. Grades K-5 students residing more than 3/4 miles from the school of attendance.
- D. Grades 6-8 students residing more than 1/4 miles from the school of attendance.
- E. Grades 9-12 students residing more than 1 1/2 miles from the school of attendance.

\*An application must be completed for **EACH** child for whom the transportation is requested.

\*Applications must be submitted annually, no later than **APRIL 1<sup>st</sup>**, of the prior school year OR

\*Such written requests must be made within 30 days of establishing residency.

\*Failure to meet the April 1<sup>st</sup> deadline may result in denial of transportation.

**Return the completed application by April 1, 2026 to:**  
Plainedge Public Schools • Transportation Office,  
241 Wyngate Dr., P.O. Box 1669, N. Massapequa, N.Y. 11758-0912



**STUDENT NAME:** \_\_\_\_\_

**STUDENT ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **GRADE (for September)** \_\_\_\_\_



**SCHOOL NAME:** \_\_\_\_\_

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

**SCHOOL PHONE:** \_\_\_\_\_ **SCHOOL HOURS:** \_\_\_\_\_ **AM to** \_\_\_\_\_ **PM**

**\*PREVIOUS SCHOOL OF ATTENDANCE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*PLAINEDGE REGISTRAR SIGNATURE:** \_\_\_\_\_

**\*(IF NOT PREVIOUSLY REGISTERED AT REQUESTED SCHOOL)**