



CITY SCHOOL DISTRICT OF ALBANY

TRANSPORTATION DEPARTMENT

75 Watervliet Avenue, Albany, NY, 12206

Phone: 518-475-6170

VERIFIED

check above box after ALL student information is verified

STAFF INITIALS _____

(above box for school use only)

2019-2020 CHANGE OF PICK-UP OR DROP-OFF

ANNUAL APPLICATION

Please print!

Date ____/____/____

1 School Name :

2 Student Name

_____ Last

_____ First

_____ I.D.#

3 Home Address

_____ House #

_____ Street Name

_____ Apt #

4 Grade _____

_____ City

_____, New York 122_____

_____ Zip Code

5 Home Phone # _____

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6 Birth Date ____/____/____

M D YR

7 Sex

M or F

(Circle One)

8 Contact Information:

Parent(s)

_____ CELL #

_____ Parent/Guardian Last Name

_____ Parent/Guardian First Name

_____ Phone #

_____ Parent/Guardian Last Name

_____ Parent/Guardian First Name

_____ Phone #

Emergency _____

_____ Emergency Last Name

_____ Emergency First Name

_____ Emergency Phone #

10 Please schedule my child for transportation:

____ A.M. ____ P.M.

____ BOTH

(Please check one of the above boxes)

CHANGE OF ADDRESS: MUST GO TO CENTRAL REGISTRATION @ 75 WATERVLIET AVE., ALBANY 12206

To request Transportation to or from a child care or baby sitter, please fill out the section below.

The child care location must be more than 1.5 miles from your child's school.

The child care location must be within school district boundaries.

Pick-up and/or drop-off must occur at the **SAME ADDRESS** for **ALL** five days of the week

Child care provider name and phone number **REQUIRED.**

AM Pick-up Address

_____ House #

_____ Street Name

AM Daycare Provider:

_____ Phone #

PM Drop-off Address

_____ House #

_____ Street Name

PM Daycare Provider:

_____ Phone #

I have read and understand all of the information provided on this transportation request form. I certify that I am a resident of the City School District of Albany and am entitled to receive transportation services.

Signature of Parent/Guardian

Date ____/____/____

District Use

Stamp Date Received