



# CITY SCHOOL DISTRICT OF ALBANY

75 Watervliet Avenue, Albany, NY 12206

Phone (518) 475-6170

## NON-PUBLIC SCHOOL/CHARTER SCHOOL ANNUAL TRANSPORTATION REQUEST FORM

MUST BE RETURNED TO CITY SCHOOL DISTRICT OF ALBANY TRANSPORTATION DEPT. BY **APRIL 1, 2017**

*Please print!*

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

1 School Name \_\_\_\_\_

2 Student Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I.

3 Home Address

\_\_\_\_\_ House # \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # \_\_\_\_\_

4 Grade \_\_\_\_\_

17-18

\_\_\_\_\_, New York 122\_\_\_\_\_  
City 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) / Guardian:

CELL # \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_

Work Phone # \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_

Work Phone # \_\_\_\_\_

**\*\*\*PLEASE NOTE\*\*\* Kdg. thru 6th grade receives yellow busing 7th - 12th grade use C.D.T.A. swiper**

9 Please schedule my child for transportation:

AM Only

PM Only

Both AM & PM

(Please check one of the above boxes)

Students may be picked up or dropped off at **APPROVED** child care locations if the request is received at the transportation department by **APRIL 1, 2017**. However, pick-up and/or drop-off must occur at the **SAME ADDRESS** for all five days of the week and be within district boundaries and also **1.5 MILES** or more from school attending.

AM Pick-up Address

\_\_\_\_\_ House # \_\_\_\_\_ Street Name \_\_\_\_\_ NAME CHILDCARE PROVIDER \_\_\_\_\_

PM Drop-off Address

\_\_\_\_\_ House # \_\_\_\_\_ Street Name \_\_\_\_\_ NAME CHILDCARE PROVIDER \_\_\_\_\_

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. I understand that this request is required to be turned in by **APRIL 1ST** of each year or within 30 days of establishing district residency.

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

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

District Use

Stamp Date Received

White - Transportation Copy

Yellow - Parent Copy

Pink - School Copy