

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, 2018**

Please print!

Date / /

1 School Name _____

2 Student Name

_____ Last

_____ First

_____ M.I.

3 Home Address

_____ House #

_____ Street Name

_____ Apt #

4 Grade _____

18-19

_____ 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) / Guardian:

_____ CELL #

_____ Parent's Last Name

_____ Parent's First Name

_____ Work Phone #

_____ Parent's Last Name

_____ Parent's 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, 2018**. 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