



# 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, 2019**

*Please print!*

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

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

2 Student Name

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

3 Home Address

House # \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # \_\_\_\_\_  
\_\_\_\_\_, New York 122\_\_\_\_\_  
18-19 \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

4 Grade \_\_\_\_\_  
18-19

5 Home Phone # \_\_\_\_\_ -- \_\_\_\_\_

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\***Grades K - 6 receive yellow bus service; grade 7 - 12 receive CDTA bus service via 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, 2019**. 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