

Transportation Change of Pick-Up/Drop-Off

Yellow bus application (for grades K-5)	CDTA swiper application (for grades 6-12)	This box for district use only Verified all student information
•	sportation in the morning, afternoon or both	
☐ Morning ☐ Afternoon ☐ Bo	th morning and afternoon	Date received Staff initials
Student and parent/guardia	an contact information	
Student last name	Student first name	Student ID
School name	dente en the leave	Grade
Gender	day/month/ year Date of birth	Home phone
		Traine prient
Street address	Apt. # City	State Zip code
Mother/guardian last name	Mother/guardian first name	Mother/guardian phone
Father/guardian last name	Father/guardian first name	Father/guardian phone
Emergency contact last name	Emergency contact first name	Emergency contact phone
Transportation to child care		
To request transportation to a child care or baby sit child's school, and within school district boundaries	tter, please fill out the section below. The child care lost. Pick-up and/or drop-off must occur at the same add and need to change pick-up/drop-off to a new home	dress for all five days of the week. This section
My child should be picked up from the foll	owing morning care provider every day:	
Morning provider name	Morning provider address	Morning provider phone
☐ My child should be dropped off to followin	g afternoon care provider every day:	
Afternoon provider name	Afternoon provider address	Afternoon provider phone
Parent/guardian signature		
I have read and understand all of the information p Albany and am entitled to receive transportation se	rovided on this transportation request form. I certify t rvices.	hat I am a resident of the City School District of
Parent/guardian name (please print)	Parent/guardian signature	Date

Return this form to our Transportation Department at 75 Watervliet Ave. Questions? Call (518) 475-6170.