



TRANSPORTATION NON-PUBLIC/CHARTER REQUEST

TRANSPORTATION FOR 2024-25 IS NOT GUARANTEED FOR REQUESTS RECEIVED AFTER APRIL 1

YELLOW BUS
(GRADES K-5)

CDTA SWIPER
(GRADES 6-12)

THIS BOX FOR DISTRICT USE ONLY

Verified all student information

Date received

Staff initials

Does your child requires transportation in the morning, afternoon or both?

Morning Afternoon Both morning and afternoon

STUDENT & PARENT/GUARDIAN CONTACT INFO

Student last name

Student first name

Student ID

School name

Grade

Gender

Date of birth

Home phone

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 (OPTIONAL)

To request transportation to 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, and within school district boundaries. Pick-up and/or drop-off must occur at the same address for all five days of the week. This section is for child care programs only; if you have moved and need to change pick-up/drop-off to a new home address, a Change of Address form must be completed at our Central Registration Office.

My child should be picked up from the following **morning care** provider **every day**:

Morning provider name

Morning provider address

Morning provider phone

My child should be dropped off to following **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 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.

Parent/guardian name (please print)

Parent/guardian signature

Date

RETURN THIS FORM TO OUR TRANSPORTATION DEPARTMENT AT 75 WATERVLIT AV. QUESTIONS? CALL (518) 475-6170.