

# CITY SCHOOL DISTRICT OF ALBANY

## TRANSPORTATION DEPARTMENT

75 Watervliet Avenue, Albany, NY, 12206

Phone: 518-475-6170

**\*This form must be returned to your child's school\***

### **2016-2017 Swiper Card Application**

*Please print!*

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

1 School Name <b>ALBANY HIGH SCHOOL</b>
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CITIZENSHIP

DISCOVERY

INNOVATION

LEADERSHIP

**\*\*please circle the academy in which your child will be attending in the 2015-2016 school year\*\***

**I.D. # MUST BE PROVIDED**

2 Student Name \_\_\_\_\_  
Last First I.D.#

3 Home Address \_\_\_\_\_  
House # Street Name Apt #

4 Grade (2016-2017) \_\_\_\_\_, New York 12 \_\_\_\_\_  
City Zip Code

5 Home Phone # \_\_\_\_\_ -- 6 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 7 Sex M or F  
M D YR (Circle One)

8 Contact Information: Parent(s) \_\_\_\_\_ CELL # \_\_\_\_\_

\_\_\_\_\_  
Mother's Last Name Mother's First Name Work Phone #

\_\_\_\_\_  
Father's Last Name Father's First Name Work Phone #

Guardian \_\_\_\_\_  
Guardian's Last Name Guardian's First Name Guardian's Work Phone #

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

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

STAFF ONLY	VERIFIED <input type="checkbox"/>
check above box after ALL student information is verified	
STAFF INITIALS _____	
(above box for school use only)	