

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

VERIFIED

check above box after **ALL**
student information is verified

STAFF INITIALS _____

(above box for school use only)

2016-2017 Swiper Card Application

ANNUAL APPLICATION

Please print!

Date ____/____/____

1 School Name

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 ____/____/____
M D YR

7 Sex M or F
(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 ____/____/____

Stamp Date Received