

# CITY SCHOOL DISTRICT OF ALBANY

## TRANSPORTATION DEPARTMENT

75 Watervliet Avenue, Albany, NY, 12206

Phone: 518-475-6170

2017-2018

**\*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)

## CHANGE OF PICK-UP AND DROP-OFF FORM

*Please print!*

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

1 School Name :

I.D.# REQUIRED

2 Student Name

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ I.D.#

3 Home Address

\_\_\_\_\_ House #

\_\_\_\_\_ Street Name

\_\_\_\_\_ Apt #

4 Grade (2016-2017) \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_, New York 122\_\_\_\_\_

\_\_\_\_\_ Zip Code

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

6 Birth Date \_\_\_/\_\_\_/\_\_\_

M D YR

7 Sex M or F

(Circle One)

8 Contact Information:

Parent(s)/Guardian(s)

\_\_\_\_\_ CELL #

\_\_\_\_\_ Parent/Guardian Last Name

\_\_\_\_\_ Parent/Guardian First Name

\_\_\_\_\_ Work Phone #

\_\_\_\_\_ Parent/Guardian Last Name

\_\_\_\_\_ Parent/Guardian First Name

\_\_\_\_\_ Work Phone #

10 Please schedule my child for transportation: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ BOTH

(Please check one of the above boxes)

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. Daycare provider and phone number **REQUIRED**.

AM Pick-up Address

\_\_\_\_\_ House #

\_\_\_\_\_ Street Name

AM Daycare Provider: \_\_\_\_\_ Phone # \_\_\_\_\_

PM Drop-off Address

\_\_\_\_\_ House #

\_\_\_\_\_ Street Name

PM Daycare Provider: \_\_\_\_\_ Phone # \_\_\_\_\_

**CHANGE OF ADDRESS: MUST GO TO CENTRAL REGISTRATION @ 75 WATERVLIET AVE., ALBANY 12201**

**If you change your child's P/U or D/O address, you must complete a NEW transportation application**

**A new application can be obtained from the school your child attends.**

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.

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

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

District Use

Stamp Date Received