

# 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)

## 2017-2018 YELLOW BUS APPLICATION

ANNUAL APPLICATION

**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)

\_\_\_\_\_ 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 WATERVLIT 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