



# CITY SCHOOL DISTRICT OF ALBANY

## TRANSPORTATION DEPARTMENT

75 Watervliet Avenue, Albany, NY, 12206

Phone: 518-475-6170

VERIFIED

check above box after ALL student information is verified

STAFF INITIALS \_\_\_\_\_

(above box for school use only)

## 2018-2019 CHANGE OF PICK UP & DROPOFF

ANNUAL APPLICATION

*Please print!*

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

1 School Name :

2 Student Name

\_\_\_\_\_ Last

\_\_\_\_\_ First

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

3 Home Address

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

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

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

4 Grade (2018-2019) \_\_\_\_\_

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

\_\_\_\_\_ City

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

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

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

7 Sex

M or F

M D YR

(Circle One)

8 Contact Information:

Parent(s)

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

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

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

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

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

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

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

Emergency \_\_\_\_\_

\_\_\_\_\_ Emergency Last Name

\_\_\_\_\_ Emergency First Name

\_\_\_\_\_ Emergency Phone #

10 Please schedule my child for transportation:

\_\_\_\_ A.M. \_\_\_\_ P.M.

\_\_\_\_ BOTH

(Please check one of the above boxes)

### CHANGE OF ADDRESS: MUST GO TO CENTRAL REGISTRATION @ 75 WATERVLIET AVE., ALBANY 12206

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.

The child care location must be within school district boundaries.

Pick-up and/or drop-off must occur at the **SAME ADDRESS** for **ALL** five days of the week

Child care provider name 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 #

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