

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