

# 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 Swiper Card 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)/Guardian(s)**

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

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

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

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

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

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

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

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

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

**Stamp Date Received**