

CITY SCHOOL DISTRICT OF ALBANY

830 S. PEARL ST., ALBANY, NY 12202

Phone (518) 462-7320

NON-PUBLIC SCHOOL/CHARTER SCHOOL ANNUAL TRANSPORTATION REQUEST FORM

MUST BE RETURNED TO CITY SCHOOL DISTRICT OF ALBANY TRANSPORTATION DEPT. BY **APRIL 1, 2010**

Please print!

Date ___/___/___

1 School Name _____

2 Student Name

_____ Last

_____ First

3 Home Address

_____ House #

_____ Street Name

_____ Apt #

4 Grade (2010-2011) _____

_____, New York 122_____

_____ City

_____ Zip Code

5 Home Phone # _____

6 Birth Date ___/___/___

7 Sex

M or F

M D YR

(Circle One)

8 Contact Information:

Parent(s) / Guardian:

_____ CELL #

_____ Mother's Last Name

_____ Mother's First Name

_____ Work Phone #

_____ Father's Last Name

_____ Father's First Name

_____ Work Phone #

PLEASE NOTE Kdg. thur 6th grade receives yellow busing 7th - 12th grade on C.D.T.A. swiper

9 Please schedule my child for transportation:

AM Only

PM Only

Both AM & PM

(Please check one of the above boxes)

Students may be picked up or dropped off at **APPROVED** child care locations if the request is received at the transportation department by **APRIL 1, 2010** 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 and also **1.5 MILES** or more from school attending.

AM Pick-up Address

_____ House #

_____ Street Name

_____ NAME CHILDCARE PROVIDER

PM Drop-off Address

_____ House #

_____ Street Name

_____ NAME CHILDCARE PROVIDER

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. I understand that this request is required to be turned in by **APRIL 1ST** of each year or within 30 days of establishing district residency.

District Use

Date ___/___/___

Stamp Date Received

Signature of Parent/Guardian