

**CITY SCHOOL DISTRICT OF ALBANY**

830 S. PEARL ST. , ALBANY, NY 12202

Phone (518) 462-7320

**YELLOW BUS - Kdg - 5th grade**

**2009-2010 SCHOOL YEAR**

**ANNUAL TRANSPORTATION REQUEST FORM**

MUST BE RETURNED TO THE SCHOOL WHERE YOUR CHILD ATTENDS

*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 (2009-2010)** \_\_\_\_\_

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

\_\_\_\_\_ City

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

**5 Home Phone #** \_\_\_\_\_ --

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

M D YR

**7 Sex**

**M or F**

(Circle One)

**8 Contact Information:**

**Parent(s)**

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

\_\_\_\_\_ Mother's Last Name

\_\_\_\_\_ Mother's First Name

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

\_\_\_\_\_ Father's Last Name

\_\_\_\_\_ Father's First Name

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

**Guardian**

\_\_\_\_\_ Guardian's Last Name

\_\_\_\_\_ Guardian's First Name

\_\_\_\_\_ Guardian's 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

**PM Drop-off Address**

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

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

**Daycare Provider:** \_\_\_\_\_

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

**CHANGE OF ADDRESS: MUST GO TO CENTRAL REGISTRATION @ SUNSHINE SCHOOL**

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