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)

2011-2012 Swiper Card Application

ANNUAL 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* *(2011-2012)*_____ _____**, New York 12**_____
City **Zip Code**

5 *Home Phone #* _____**--**_____ **6 *Birth Date*** ____/____/____ **7 *Sex*** **M or F**
M D YR **(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 #**

_____
Signature of Parent/Guardian

Date ____/____/____

Stamp Date Received

4/25/2011