

# CITY SCHOOL DISTRICT OF ALBANY

830 S. PEARL ST, ALBANY, NY 12202

Phone (518) 462-7320

## SWIPER APPLICATION 2009-2010

### ANNUAL TRANSPORTATION REQUEST FORM

MUST BE RETURNED TO THE SCHOOL YOUR CHILD ATTENDS

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

\_\_\_\_\_, 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)

\_\_\_\_\_ 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