

# 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\***

### **2011-2012 Swiper Card Application**

*Please print!*

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

1 School Name ALBANY HIGH SCHOOL
----------------------------------

CITIZENSHIP

DISCOVERY

INNOVATION

LEADERSHIP

**\*\*please circle the academy in which your child will be attending in the 2011-2012 school year\*\***

**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** \_\_\_/\_\_\_/\_\_\_  
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's Last Name	Guardian's First Name	Guardian's Work Phone #

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

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

STAFF ONLY	VERIFIED	<input type="checkbox"/>
check above box after ALL student information is verified		
STAFF INITIALS _____		

(above box for school use only)