

# 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 YELLOW BUS APPLICATION

ANNUAL APPLICATION

*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 (2011-2012) \_\_\_\_\_

\_\_\_\_\_ City

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

AM Daycare Provider:

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

PM Drop-off Address

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

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

PM Daycare Provider:

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

**CHANGE OF ADDRESS: MUST GO TO CENTRAL REGISTRATION @ 75 WATERVLIT AV., ALBANY 12206**

**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