

TRANSPORTATION2023-24 APPLICATION

| YELLOW BUS (FOR GRADES K-5) | CDTA SWIPER (FOR GRADES 6-12) | THIS BOX FOR DISTRICT USE ONLY Verified all student information |
|---|--|--|
| Does your child requires transportation Morning Afternoon | ation in the morning, afternoon or both? Both morning and afternoon | Date received Staff initials |
| CONTACT INFORMATION | N | |
| | | |
| ▲ Student last name | ▲ Student first name | ▲ Student ID |
| ▲ School name | | ▲ Grade |
| - SCHOOLHAITIE | MM/DD/YYYY | - Oracle |
| ▲ Gender | ▲ Date of birth | ▲ Home phone |
| | | |
| ▲ Street address | ▲ Apt. # ▲ City | ▲ State ▲ Zip code |
| ▲ Mother/guardian last name | ▲ Mother/guardian first name | ▲ Mother/guardian phone |
| ▲ Father/guardian last name | ▲ Father/guardian first name | ▲ Father/guardian phone |
| ▲ Emergency contact last name | ▲ Emergency contact first name | ▲ Emergency contact phone |
| TRANSPORTATION TO C | CHILD CARE (OPTIONAL) | |
| miles from your child's school, and withir days of the week. This section is for child address, a Change of Address form must | or baby sitter, please fill out the section below. The school district boundaries. Pick-up and/or drop care programs only; if you have moved and need to be completed at our Central Registration Office. The following morning care provider every day: | -off must occur at the same address for all five I to change pick-up/drop-off to a new home |
| ▲ Morning provider name | ▲ Morning provider address | ▲ Morning provider phone |
| _ | lowing afternoon care provider every day: | 31 |
| | | |
| ▲ Afternoon provider name | ▲ Afternoon provider address | ▲ Afternoon provider phone |
| PARENT/GUARDIAN SIG | NATURE | |
| I have read and understand all of the info School District of Albany and am entitled | ormation provided on this transportation request d to receive transportation services. | form. I certify that I am a resident of the City |
| ▲ Parent/guardian name (please print) | ▲ Parent/guardian signature | |

RETURN THIS FORM TO OUR TRANSPORTATION DEPARTMENT AT 75 WATERVLIET AVE. QUESTIONS? CALL (518) 475-6170.