



Return to: Schalmont CSD, Transportation Department, 401 Duaneburg Road, Schenectady, NY 12306
Phone: (518) 355-9200, ext. 4201 Fax (518) 355-0972

Student's Name: _____

School _____ Sex: M / F Date of Birth _____ Grade _____

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School _____ Sex: M / F Date of Birth _____ Grade _____

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School _____ Sex: M / F Date of Birth _____ Grade _____

911 Mailing Address: _____

Actual Residence: (example: North side of Route 7, two tenths of a mile West of Pangburn Road, 5th house)

PARENT INFORMATION

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work/Cell Phone: _____

Work/Cell Phone: _____

EMERGENCY INFORMATION

Name: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

ALTERNATE LOCATION INFORMATION (If different than above)
Please note: Per school policy # 5712, you are limited to one regular alternate drop off/pick up location.

Name & Address of Pick-Up Point _____

Days for Pick Up at This Point _____ Phone # _____

Name & Address of Drop-Off Point _____

Days for Drop-Off at This Point _____ Phone # _____

This form must be completed and returned to the above address no later than June 30, 2016 for Schalmont students.

To be eligible for transportation to non-public schools, your actual residence must be fifteen (15) miles or less from the non-public school for which you are requesting transportation services to. This form must be completed and returned to the above address no later than April 1, 2016 for non-public schools.