



Steve Connell, Transportation Supervisor

## Transportation Registration Form 2024-2025

Return to: Schalmont CSD, Transportation Department, 4 Sabre Drive, Schenectady, NY 12306

**Student's Name:** \_\_\_\_\_

School \_\_\_\_\_ Sex: M / F Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

School \_\_\_\_\_ Sex: M / F Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### EMERGENCY INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### ALTERNATE LOCATION INFORMATION (If different than above)

Please note, 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, 2024 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, 2024 for non-public schools.