Schalmont
CENTRAL SCHOOL DISTRICT

Transportation Department
5 Sabre Drive, Schenectady, NY 12306
Phone: 518-356-1889

Steve Connell, Transportation Supervisor

Transportation Registration Form 2026-2027

Return to: Schalmont CSD, Transportation Department, 5 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: _____

Address: _____

Cell Phone: _____

Home Phone _____

Work Phone: _____

Father's Name: _____

Address: _____

Cell Phone: _____

Home 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 # _____

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, 2026 for non-public schools.