

TRANSPORTATION REGISTRATION FORM 2009-2010

RETURN TO SCHALMONT CENTRAL SCHOOL DISTRICT -- TRANSPORTATION DEPARTMENT

401 Duanesburg Road -- Schenectady, New York 12306

PHONE # (518) 355-9201 ext. 4201

FAX # (518) 355-0972

STUDENTS NAME: _____

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:** _____

BABY-SITTER INFORMATION

MORE SPACE NEEDED USE BACK

TO BE COMPLETED AND RETURNED NO LATER THAN 6/30/09 (SCHOOL BOARD POLICY #5720)

NAME & ADDRESS OF PICK-UP POINT _____

PHONE # _____

NAME & ADDRESS OF DROP-OFF POINT _____

PHONE # _____

EMERGENCY INFORMATION

MORE SPACE NEEDED USE BACK

NAME _____

ADDRESS _____

PHONE #'s _____

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 & returned to the above address no later than 4/1/09-- for non-public schools.