



Return to: Schalmont CSD, Transportation Department, 4 Sabre Drive, Schenectady, NY 12306  
Phone: (518) 356-1889

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

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

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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: \_\_\_\_\_

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

Work/Cell Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

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

Home 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, 2021 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, 2021 for non-public schools.