



**TROY**  
CITY SCHOOL DISTRICT

Troy City School District  
**CHARTER AND NON-PUBLIC SCHOOL ANNUAL SERVICES**  
**DEADLINE: APRIL 1, 2018**  
 Form must be fully completed and returned to:  
 Central Registration Office, TCSD of Troy, 475 First St., Troy, NY 12180

Date: mm/dd/yyyy		Full School Name: <b>No abbreviations</b>			Has your child been accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Student Name:	Last	First		Middle Init.	Birth Date: mm/dd/yyyy	
						Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:	House #	Street Name	Apt. #	City		NY, 12180
Grade Entering in 2018-2019	Previous School:		Does your child receive Special Education Services? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Language spoken:			Race:			
Is the student Hispanic, Latino, or of Spanish origin? <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander			
Parent/Guardian Name:	Last		First			
Contact Numbers:	Home #	Work #		Cell #		
Email:						
Parent/Guardian Name:	Last		First			
Contact Numbers:	Home #	Work #		Cell #		
Email:						
<b>Transportation requirements:</b> (Check ONE of the boxes)		<input type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> Both AM & PM <input type="checkbox"/> Walker <input type="checkbox"/> I will transport my child				
<b>ALTERNATE LOCATION ONLY: STUDENTS MAY BE PICKED UP/DROPPED OFF AT OTHER THAN HOME ADDRESS IN TCSD BOUNDARIES.</b>						
<b>Each Pick-up / Drop-off Address <u>MUST</u> be at the <u>SAME ADDRESS</u> for <u>ALL</u> five days of the week and be within school district boundaries.</b>	AM Pick-up	House #	Street Name			
	PM Drop-off	House #	Street Name			
Daycare Provider:			Telephone Number:			

I have read and understood all of the information provided on this transportation request form. I certify that I am a resident of the Troy City School District and am entitled to transportation services. I understand that this request is required to be turned in by April 1<sup>st</sup> of each year or within 30 days of establishing residency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (mm/dd/yyyy)

FOR OFFICE USE ONLY			
<b>CATCHMENT AREA:</b>			
<b>PROOF OF RESIDENCY</b>	<input type="checkbox"/> National Grid Bill <input type="checkbox"/> Lease or Notarized landlord statement <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> McKinney- Vento <input type="checkbox"/> Direct Transfer from TCSD	<input type="checkbox"/> Photo ID (Parent/Guardian) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DSS 299 <input type="checkbox"/> Court Papers <input type="checkbox"/> Custody Papers/Adoption Papers <input type="checkbox"/> Other	Stamp Date Received