



TROY

CITY SCHOOL DISTRICT

Enlarged City School District of Troy CHARTER AND NON-PUBLIC SCHOOL ANNUAL SERVICES

DEADLINE: APRIL 1, 2019

Form must be fully completed and returned to:
Central Registration Office, ECSD of Troy, 475 First St., Troy, NY 12180

Date: mm/dd/yyyy		Full School Name: No abbreviations			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 2019-2020	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:						
Transportation requirements: (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						
Students may be picked up and/or dropped off at APPROVED child care locations if the request is received by April 1st, 2014.						
Each Pick-up / Drop-off Address MUST be at the SAME ADDRESS for ALL five days of the week and be within school district boundaries.	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 Enlarged City School District of Troy and am entitled to transportation services. I understand that this request is required to be turned in by April 1st of each year or within 30 days of establishing residency.

Signature of Parent/Guardian

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY		
CATCHMENT AREA:		Stamp Date Received
Proof of Residency:	<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 Other