

## Enlarged City School District of Troy Application for Transportation for Alternate Sites Location (Afterschool, Daycare, Grandma's etc.) Non-Public & Public Schools

This application must be received to be eligible for alternate transportation for the school year.  48 hour notice for any change of transportation must be given to District's bus services. NO EXCEPTIONS		Transportation Date Received Stamp	
Form aids student(s) transportation PLEASE COMPLETE THE FOLLOWING		up & d	Iropped-off location(s).
Parent/ Guardian Name:			
Street Address:			
City or Town:			
Home Phone: Work Phone:			
I am requesting that the Enlarged of my child(ren) listed below:	City School District of Troy p	orovid	e <u>Alternate Site</u> transportation for
Child's Full Name	Grade		School Currently attending
My child will require transportation (circle all that apply): <u>AM PM AM&amp;PM DAYCARE/PROVIDER</u>			
Daycare/Provider (Grandma, Uncle, Hope 7, CYO, etc.)			
(must be within the Troy CSD)			
Address	Contact Number(s)		
			( )
All <u>NEW</u> residents or <u>Current</u> residents or			must go to the District Office and MPLETE transportation form will be
Please read below, then sign and	<u>date</u>		
I certify that I am a resident of the information is true and correct to the information is the information is true and correct to the information is the information in the information in the information is the information in the inf		ct of T	roy and that all the above
(Parent/Guardian Signature/Scho	ol Official)		(Date)