



Troy City School District  
**CHARTER AND NON-PUBLIC SCHOOL ANNUAL SERVICES**  
**DEADLINE: APRIL 1, 2023**

Form must be fully completed and returned to:  
 Central Registration Office, TCSD, 475 First St., Troy, NY 12180  
 Email: reg@troycsd.org | Fax: 518-328-5061

Date: \_\_\_\_\_ Full School Name (No abbreviations): \_\_\_\_\_

Has your child been accepted?  Yes  No

Student Name: \_\_\_\_\_  
Last First Middle Initial

Birth Date: \_\_\_\_\_ Gender:  Male  Female  Non-Binary  
mm/dd/yyyy

Home Address: \_\_\_\_\_ NY, 12180  
House # Street Name Apt # City

Grade Entering in 2023-2024: \_\_\_\_\_ Previous School: \_\_\_\_\_

Does your child receive Special Education Services?  Yes  No Language Spoken: \_\_\_\_\_

Race:  Black  White  Asian  American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander

Is the student Hispanic, Latino or of Spanish origin?  Yes  No

Parent/Guardian Name: \_\_\_\_\_  
Last First

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Last First

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Transportation Requirements (choose only one):**  AM only  PM only  AM & PM  Walker  I will transport my child

**ALTERNATE LOCATION ONLY: STUDENTS MAY BE PICKED UP/DROPPED OFF AT OTHER THAN HOME LOCATIONS WITHIN TCSD BOUNDARIES. EACH PICKUP MUST BE THE SAME ADDRESS FOR ALL FIVE DAYS OF THE WEEK AND BE WITHIN TROY CITY SCHOOL DISTRICT BOUNDARIES**

AM Pickup: \_\_\_\_\_ NY, 12180  
House # Street Name Apt # City

PM Dropoff: \_\_\_\_\_ NY, 12180  
House # Street Name Apt # City

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.

\_\_\_\_\_  
 Parent/Guardian Signature Date (mm/dd/yyyy)

**FOR OFFICE USE ONLY**

CATCHMENT AREA: \_\_\_\_\_

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/Adoption Papers <input type="checkbox"/> Other	Stamp Date Received
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