

## Troy City School District

## CHARTER AND NON-PUBLIC SCHOOL ANNUAL SERVICES DEADLINE: APRIL 1

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	e (No abbreviations):				
Has your child been	accepted? □ Yes □ No					
Student Name:						
L Middle Initial	ast	First				
Birth Date:		Gender: □ Male □ Female □ Non-Binary				
	mm/dd/yyyy					
	House # Street Name				NY, 12180 City	
Grade Entering next	school year: P	revious School:				
_	-		Language Spoken:			
-	•		ve   Native Hawaiian or other Pac			
	nic, Latino or of Spanish origin					
•	me:					
areno daaraan iya	Last		First			
Contact Numbers: F	Home:	Work:	Ce	II:		
	me:					
	Last		First			
Contact Numbers: Home:		Work:	Ce	Cell:		
			P/DROPPED OFF AT OTHER THAN IVE DAYS OF THE WEEK AND BE W			
	se # Street Name		Apt #	City		
PM Dropoff:					NY, 12180	
	se # Street Name		Apt #	City		
School District and a			sportation request form. l certify tha that this request is required to b			
Parent/Guardian Sig	nature		Date (mm/dd/yyyy)			
CATCUMENT ADEA.		FOR OFFIC	E USE ONLY			
CATCHMENT AREA:_						
PROOF OF RESIDEN	NCY	nt	<ul> <li>□ Photo ID (Parent/Guardian)</li> <li>□ Birth Certificate</li> <li>□ DSS 299</li> <li>□ Court Papers</li> <li>□ Custody/Adoption Papers</li> <li>□ Other</li> </ul>	Stamp Date Recei	ved	