

CITY SCHOOL DISTRICT OF ALBANY

TRANSPORTATION DEPARTMENT

75 Watervliet Avenue, Albany, NY, 12206

Phone: 518-475-6170

This form must be returned to your child's school

2016-2017 Swiper Card Application

Please print!

Date ____/____/____

1 School Name ALBANY HIGH SCHOOL



****please circle the academy in which your child will be attending in the 2015-2016 school year****

I.D. # MUST BE PROVIDED

2 Student Name

_____	_____	_____
Last	First	I.D.#

3 Home Address

_____	_____	_____
House #	Street Name	Apt #

4 Grade (2016-2017) _____

_____, New York 12_____

_____	_____
City	Zip Code

5 Home Phone # _____ -- _____

6 Birth Date ____/____/____
M D YR

7 Sex M or F
(Circle One)

8 Contact Information:

Parent(s)

_____ CELL #

Mother's Last Name

Mother's First Name

Work Phone #

Father's Last Name

Father's First Name

Work Phone #

Guardian

Guardian's Last Name

Guardian's First Name

Guardian's Work Phone #

Signature of Parent/Guardian

Date ____/____/____

STAFF ONLY	VERIFIED <input type="checkbox"/>
check above box after ALL student information is verified	
STAFF INITIALS _____	

(above box for school use only)