



TROY

CITY SCHOOL DISTRICT

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 (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 next school year: _____ 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 1st 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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If your student requires transportation, you MUST fill out page two of this form

Transportation
Mario Loccisano, Coordinator
475 First Street
Troy, New York 12180
(518) 328-5439

LATE FORM - REQUEST FOR SERVICES

The New York State Education Department requires students attending non-public or charter schools to complete a Services Request Form and return it to the District Transportation office no later than *April 1st* of the preceding school year for which services are being requested. This **MUST BE DONE ANNUALLY.**

For this year only, the deadline has been extended to June 1st.

As you are filing after the *June 1st* deadline, please give a detailed explanation below as to why the request is late with a signature and date for Administrative review.

Thank you for your cooperation.

Parent Name: _____ Phone Number: _____

Address: _____

email: _____

Student Name: _____

School: _____ Grade: _____

Does your child receive special education services: Yes No

Parent or Guardian signature

Date

Relationship to Student

Completion of this form does not guarantee your child will receive transportation.

Office use only:

Available seat: Yes No

Approved by: _____

Approved: Yes No

Date: _____