



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 475 First St., Troy, NY 12180  
Email: reg@troycsd.org

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

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

Home Address: \_\_\_\_\_ *NY, 12180*  
*Apt #* *City*

Current Grade: \_\_\_\_\_ Grade entering upcoming school year: \_\_\_\_\_

Name of school entering (No abbreviations): \_\_\_\_\_ Has your child been accepted?  Yes  No

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 Address: \_\_\_\_\_ *NY, 12180*  
*Apt #* *City*

PM Dropoff Address: \_\_\_\_\_ *NY, 12180*  
*Apt #* *City*

I have read and understood all of the information requested and 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. I further understand that Troy City School District must also be notified of any change of address that occurs after the submission of this form.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)