



**Saint Mary's County Government , DPW&T
Non-Public School Transportation Division**

Rebecca George, Transportation Supervisor
P.O. Box 409
44829 St. Andrew's Church Rd.
California, MD 20619
Phone: (301) 475-4200 *1124 » Fax: (301) 866-6797
Email: becky.george@stmarysmd.com

****Transportation Office Use Only****

Regular Bus No.: _____

Transfer Bus No.: _____

Added to manifest:

Initials: _____

REQUEST FOR TRANSPORTATION

Academic Year: 2018 – 2019

IMPORTANT INFORMATION

- ❖ The deadline to return this form to the Transportation Office is: **August 1, 2018.**
- ❖ **The bus driver(s) or contractor(s) will contact the parent/guardian to confirm the bus stop location and times of pick up / drop off within a few days prior to the student(s) riding the bus.**
- ❖ Complete all fields for student / school information
- ❖ All requests may have a processing time of up to two weeks.
- ❖ Additional information can be found on the S.M.C.G. website at: www.stmarysmd.com/dpw/nonpublicschools.asp

Requested Start/End Date: _____

Check one: Address Change New Student/School Riding with another student Other

STUDENT / SCHOOL INFORMATION

Student Name:	Student Name:
School: Grade: Gender: M <input type="checkbox"/> F <input type="checkbox"/>	School: Grade: Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Is student under 8 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is student under 8 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Conditions:	Medical Conditions:

PARENT / LEGAL GUARDIAN INFORMATION

Parent / Guardian Name(s):	
Primary Phone:	Secondary Phone:
Street Address:	P.O. Box:
City / Zip:	County of Residence: <input type="checkbox"/> St. Mary's <input type="checkbox"/> Charles <input type="checkbox"/> Calvert <input type="checkbox"/> Other _____
Email Address (print clearly):	

BUS STOP INFORMATION

Requested Bus Stop Location (a.m.):	Requested Bus Stop Location (p.m.):
Assigned location (<i>Transportation office use only</i>):	

SIGNATURE / CONSENT

Requestor's Name (please print):	
Signature:	Date:

CONSENT & RELEASE STATEMENT:

By signing this request I affirm my understanding that: (1) any children under the age of 8 years must be received at the bus stop location by an adult, and that if no adult is present the bus driver will return the child(ren) to the school upon completion of the assigned bus route; (2) any medical conditions stated on this form may be released to the contractor and/or driver of my child(ren)'s bus route, with the understanding that such information will be kept strictly confidential; and (3) the Saint Mary's County Non-Public School Transportation Office is authorized to release any and/or all information contained in this application to relevant Patuxent River Naval Air Station employees for emergency planning purposes, and that such information will be kept strictly confidential by designated personnel on the Base.