



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

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***\*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](http://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"/>
<b>Is student under 8 years old? YES <input type="checkbox"/> NO <input type="checkbox"/></b>			<b>Is student under 8 years old? YES <input type="checkbox"/> NO <input type="checkbox"/></b>		
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:  St. Mary's  Charles  Calvert  Other \_\_\_\_\_

Email Address (print clearly): \_\_\_\_\_

**BUS STOP INFORMATION**

<b>Requested Bus Stop Location (a.m.):</b>	<b>Requested Bus Stop Location (p.m.):</b>

Assigned location (*Transportation office use only*): \_\_\_\_\_

**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.