



**Saint Mary's County Government**  
**Non-Public School Transportation Division**

**Rebecca George, Transportation Supervisor**  
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***\*Transportation Office Use Only\****

Regular Bus No.: \_\_\_\_\_  
Transfer Bus No.: \_\_\_\_\_  
Transfer School: \_\_\_\_\_  
R Cont. Notified:  T Cont. Notified   
Added to manifest:   
Initials: \_\_\_\_\_

## **REQUEST FOR TRANSPORTATION**

Academic Year: 2014 – 2015

### **IMPORTANT INFORMATION**

- ✓ The deadline to return this form to the Transportation Office is: August 1, 2014.
- ✓ All requests *may* have a processing time of up to two weeks.
- ✓ 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 prior to the student(s) riding the bus.
- ✓ 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: \_\_\_\_\_

New Student/School  Temporary Transportation  Long-Term Occasional Rider

### **STUDENT / SCHOOL INFORMATION**

Name:		Name:	
Grade/Age:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade/Age:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
School:		School:	
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
Email Address:	

### **BUS STOP INFORMATION**

<b>Requested Bus Stop Location (a.m.):</b>	<b>Requested Bus Stop Location (p.m.):</b>
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Assigned location (*Transportation 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 Bus Transportation Office is authorized to release any and/or all information contained in this application to relevant Patuxent River Naval Air Station employees (only as needed), for emergency planning purposes, and that such information will be kept strictly confidential by designated personnel on the Base.