



**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 ext. 1124 » Fax: (301) 866-6797
Email: becky.george@stmarysmd.com

Transportation Office Use Only	
Regular Bus No.:	_____
Transfer Bus No.:	_____
Added to manifest:	<input type="checkbox"/>
Initials:	_____

REQUEST FOR TRANSPORTATION

Academic Year: 2021 – 2022

IMPORTANT INFORMATION

- ❖ The deadline to return this form to the Transportation Office is: **August 2, 2021.**
- ❖ **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"/>
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 (*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) all children 2nd grade and below 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; (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 Patuxent River Naval Air Station employees for emergency planning purposes, and that such information will be kept confidential by designated personnel on the Base; and (4) out of county residents will be charged an out of county fee for ridership on the SMC buses, and will agree to make payments on time, as required by the County.