



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

Thomas Thompson, Transportation Supervisor

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

Regular Bus No.: _____

Transfer Bus No.: _____

Added to manifest:

Initials: _____

REQUEST FOR TRANSPORTATION

Academic Year: 2023 – 2024

! IMPORTANT INFORMATION !

- ❖ The deadline to return this form to the Transportation Office is: **August 1, 2023.**
- ❖ **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

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: None	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.): _____
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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.