

REQUEST FOR TRANSPORTATION

Academic Year: 2009 – 2010

Note: Deadline to return this form for new students in the 2009-2010 school year is **August 1, 2009**

Requested Date(s):	<input type="checkbox"/> New Bus Stop	<input type="checkbox"/> Existing Bus Stop
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PARENT/EMERGENCY CONTACT INFORMATION

Parent(s) / Guardian(s) Name (primary contact):

Home Phone:	Cell:	Work:
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Street Address:

City / Zip:	County of Residence:	<input type="checkbox"/> St. Mary's	<input type="checkbox"/> Charles	<input type="checkbox"/> Calvert
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Email Address:

Parent(s) / Guardian(s) Name:

Home Phone:	Cell:	Work:
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Street Address:

City / Zip:	County of residence:	<input type="checkbox"/> St. Mary's	<input type="checkbox"/> Charles	<input type="checkbox"/> Calvert
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Email Address:

STUDENT / SCHOOL INFORMATION

Name:	Name:
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Grade:	Grade:
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School:	School:
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Medical Conditions:	Medical Conditions:
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BUS STOP INFORMATION

Requested Bus Stop Location (AM):

Requested Bus Stop Location (PM):

Additional Info.:

REQUESTOR CONSENT

Requestor's Name (please print):

Signature:	Date:
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By signing this request I affirm my understanding that any children under the age of 8 years **must** be received at the bus stop location by an adult. It is further understood that any child under the age of 8 years will not be allowed to discharge the bus if an adult is not visually recognized by the bus driver, in which case the bus will take the student(s) back to the school it departed from, following the conclusion of the bus route.

RETURN COMPLETED FORM AT LEAST 24 HOURS IN ADVANCE OF REQUESTED START DATE

<p><u>Saint Mary's County Non-Public School Transportation</u> P.O. Box 409 44829 St. Andrews Church Road California, MD 20619</p>	<p>Phone: 301-863-8400 ext. 1124 Fax: 301-866-6797 Email: becky.george@co.saint-marys.md.us</p>
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*** Transportation Office Use Only ***

Date Received:	Initials:
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Assigned Regular Bus Number:	Assigned Transfer Bus Number:
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Transfer School:	Assigned Bus Stop Location:
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Date Processed:	Contractor notified (R):	Contractor notified (T):
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