



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

**Non Public School Bus Supervisor**

P.O. Box 409

44829 St. Andrew's Church Rd.

California, MD 20619

Phone: (301) 475-4200 ext. 1135 » Fax: (301) 866-6797

Email: [NPSBSupervisor@stmarysmd.com](mailto:NPSBSupervisor@stmarysmd.com)

**Transportation Office Use Only**

Regular Bus No.: \_\_\_\_\_

Transfer Bus No.: \_\_\_\_\_

Initials: \_\_\_\_\_

**REQUEST FOR TRANSPORTATION**

**Academic Year: 2025 – 2026**

**▲ IMPORTANT INFORMATION ▲**

- ❖ The deadline to return this form to the Transportation Office is: **August 2, 2025.**
- ❖ **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"/>
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:			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 (*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 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 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.