

**ST. MARY'S COUNTY PUBLIC SCHOOLS
Hub Transportation Request Form**

SCHOOL YEAR: 2019-2020

Please use one form for each student.

Transportation Hub

DATE OF REQUEST: _____

NAME OF STUDENT:

STUDENT'S AGE:

STUDENT'S GRADE:

NAME OF SCHOOL TO ATTEND:

SESSION:

- FULL DAY
- ½ DAY A.M.
- ½ DAY P.M.
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Complete Address of Pick-Up:
(911 address, including city, state & zip)

Complete Address of Drop-Off:
(911 address, including city, state & zip)

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN HOME PHONE:

PARENT/GUARDIAN WORK PHONE:

PARENT/GUARDIAN CELL PHONE:

Please comment on the reason for the request for transportation:

Signature of the Principal or Designee _____ Date _____

Signature of the Dir. of Transportation _____ Date _____

DEPARTMENT OF TRANSPORTATION USE ONLY

A.M. BUS ASSIGNMENT:

M.D. BUS ASSIGNMENT:

P.M. BUS ASSIGNMENT:

DATE TRANSPORTATION WILL BEGIN: