

St. Mary's County Public Schools
DEPARTMENT OF TRANSPORTATION

SCHOOL BUS INFORMATION REQUEST

STUDENT/PARENT INSTRUCTIONS:

Please fill out this form and return to your school bus driver.

SCHOOL: _____

STUDENT NAME: _____

DOB: ____/____/____ AGE: ____ GENDER: ____

"911" ADDRESS:

HOME PHONE: _____

SCHOOL YEAR: _____ GRADE: _____

BUS: _____ SEAT ASSIGNMENT: _____
~ ~ ~

The information requested on this form is **CONFIDENTIAL** and may only be used by the assigned school bus driver for seating chart purposes.

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