

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

SCHOOL YEAR: 2024-2025

Please use one form for each student.

Foster Care Student *

DATE OF REQUEST: _____
PROJECTED COST ESTIMATE**:\$ _____ INT: _____

* Department of Social Services is responsible for expenses related to these travel arrangements.

** Actual costs may be higher or lower than the projected estimate.

NAME OF STUDENT:

STUDENT'S AGE:

STUDENT'S GRADE:

NAME OF SCHOOL TO ATTEND:

SESSION:

- FULL DAY
- 1/2 DAY A.M.
- 1/2 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 Department of Social Services: _____ Date _____

Signature of the PPW _____ 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: