Garrett County Board of Education  
40 South Second Street  
Oakland, MD 21550  

BUS PASS

Special requests for transportation by any school bus other than regularly assigned vehicle must be submitted to the transportation office in writing. Request forms are available at each school. Requests will be reviewed by the transportation office personnel with prompt notification sent to the appropriate party. Bus passes will be issued on a first come first serve and space available basis, and may be rescinded at any time.

REQUEST FORM (BUS PASS)

Student Name: ___________________________ School: ___________________________ Grade: __________
Parent Name: ___________________________ Home Phone: ___________________________ Work: __________
Home Address: ______________________________________________________________________
Regularly Assigned School Bus: ______________________________________________________________________
Bus Requested: ______________________________________________________________________
Length of Time Requested: ______________________________________________________________________
Reason for Request:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Stop Location for Student Discharge (if known):
____________________________________________________________________________________
____________________________________________________________________________________
________ Check box, if request is of an EMERGENCY nature. Explain: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Date submitted to Transportation Office: ______________________________________________________________________
Date received by Transportation Office: ______________________________________________________________________
Date of Transportation Office disposition: ______________________________________________________________________
*Parent Signature: ______________________________________________________________________
* This signature indicates that the applicant is the legal guardian of the named student.

RESPONSE FORM

Your request to have your child transported has been reviewed.

Disposition:

________ Approved Stop Location:

________ Disallowed for the following reason(s)

Bus Capacity

________ Bus does not serve area requested

________ Other ________

cc: School
    Contractor/Driver