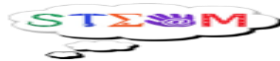


**Dorchester County Public Schools**  
**S.T.E.A.M. After School Learning Centers **Transportation Form****



**Site Location:** \_\_\_\_\_

**SECTION A: Student Information (please print clearly)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School Site: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
Street City, State Zip Code

Student's Home Phone#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent's Cell #: \_\_\_\_\_

**Name of Caregiver and Address for Afternoon Dismissal:**

\_\_\_\_\_  
\_\_\_\_\_  
Street City, State Zip Code

Dismissal Location Phone #: \_\_\_\_\_

**SECTION B: **EMERGENCY** Contact Information (please print clearly)**

Please list additional contacts when parents/guardians **cannot be reached** or if your child needs to be picked up in case of an emergency

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

*DCPS S.T.E.A.M. program is funded by Maryland's 21<sup>st</sup> Century Grant. The Dorchester County Public School System does not discriminate on the basis of race, color, sex, age, national origin, religion or disability in matters affecting employment or in providing access to programs set forth in the General Education Provisions Act (GEPA)*

<b>Dismissal Information Office Use Only</b>	
<b>Bus Number:</b> _____	<b>Bus Driver:</b> _____

