Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff on Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Pick-up Location** | **Delivery Location** |  |  |
| **AM Route** |  |  |  |  |
| **PM Route** |  |  |  |  |

Vehicle Tag Number \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **School Transportation Plan**(use one form per school) | Mark for each child:√= Load/Unload A= Absent |   COMMENTS |
| **MON** | **TUES** | **WED** | **THURS** | **FRI** |  |
| **Child’s First & Last Name** |  | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
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|  |  | **Depart Time:****(from facility)** | **Load/Unload Time:****(at school)** | **Return Time:****(to facility)** | **FIRST CHECK****Signature of staff - no child left:** | **SECOND CHECK****Signature of staff - no child left:** | **If applicable, signature of staff who reported by phone that vehicle checked:** | **If applicable, name of person reported to:** |
| **MON** | AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| **TUE** | **AM** |  |  |  |  |  |  |  |
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| **PM** |  |  |  |  |  |  |  |
| **THU** | **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |
| **FRI** | **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |