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:** | |
| **MONDAY**  **DATE** | AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| **TUESDAY**  **DATE** | **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |
| **WEDNESDAY**  **DATE** | **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |
| **THURSDAY**  **DATE** | **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |
| **FRIDAY**  **DATE** | **AM** |  |  |  |  |  |  |  |
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