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Day of the Week: M T W Th F S Su Vehicle Tag Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff on Vehicle:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s First and**  **Last Name**  **(Each child listed individually)** | **Pick-Up**  **Address** | **Drop-Off**  **Address** |  | **ON** | **Load**  **Time** | **OFF** | **Unload**  **Time** | **COMMENTS** |
|  |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
|  |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
|  |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
|  |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
|  |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
| Transported children listed here (first and last names) |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
|  |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
|  |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
| Transported children listed here (first and last names) |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |
| Transported children listed here (first and last names) |  |  | **AM** |  |  |  |  |  |
|  |  | **PM** |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Time of Departure (from facility)** | **Time of Return**  **(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 was checked** | **If applicable, name of person reported to** |
| **AM** |  |  |  | |  | |  |  |
| **PM** |  |  |  | | |  |  |  |