**School Transportation Form**

**Facility Name:** ABC Learning Center  
**Phone #:** 770-456-7890  
**Staff on Vehicle:** Betty Smith

**Vehicle Tag Number:** APK178

### Identifying Information
- **Facility Name:** ABC Learning Center
- **Phone #:** 770-456-7890
- **Staff on Vehicle:** Betty Smith

### Identification Information for Drop Off and Pick Up Locations
- **AM Route:** ABC Learning Center
- **PM Route:** East Side Elementary
- **Delivery Location:** ABC Learning Center

### School Transportation Plan
(Use one form per school)

#### Child’s First & Last Name
- Hayden Hicks
- Camryn Jones
- Travis Mitchel
- Bella Lewis

#### Transported Children Listed Here (First and Last Names)

#### Departure Time: (When vehicle leaves center), Load/Unload (When children load/unload vehicle), and Return (to center) times listed for each trip.

<table>
<thead>
<tr>
<th></th>
<th>AM Route</th>
<th>PM Route</th>
<th>Delivery Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>ABC Learning Center</td>
<td>East Side Elementary</td>
<td>ABC Learning Center</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>East Side Elementary</td>
<td>ABC Learning Center</td>
<td></td>
</tr>
</tbody>
</table>

#### Mark for each child:
- √ = Load/Unload
- A = Absent

### Comments
- Friday 3/21 – there was a wreck that caused delay in traffic and more than 45 min.

#### Depart Time:
- **AM:** 7:00 am
- **PM:** 2:50 pm

#### Load/Unload Time:
- **AM:** 7:10 am  
- **PM:** 3:00 pm

#### Return Time:
- **AM:** 1:10 pm  
- **PM:** 4:15 pm

### First Check
- **Signature of Staff:** Betty Smith

### Second Check
- **Signature of Staff:** Betty Smith

### If Applicable, Signature of Staff Who Reported by Phone That Vehicle Checked:
- **Signature of Staff:** Laura Waters

### If Applicable, Name of Person Reported To:
- **Name:** Patsy Collins

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*New form completed for each route*