

Report Due:

**SPECIAL EDUCATION PROGRAMS  
ROUTE REPORT FORM**

Bus # \_\_\_\_\_ Capacity \_\_\_\_\_ Tag # \_\_\_\_\_

INSTRUCTIONS: Record A.M. and P.M. mileages on same day. DO NOT USE TENTHS. Skip those sections below which are not applicable. Vo-Tech runs are to be recorded on the back of this form. BE SURE TO LIST NAME OF ALL SCHOOLS SERVED. (Example - First School: CCEC, Second School: West Middle)

OFFICE USE ONLY

Time	Odometer Reading	Check Point
		BEGINNING OF A.M. RUN (AT GARAGE) (Do not include pre-trip time)
		AT FIRST PUPIL PICK-UP
		AT LAST PUPIL PICK-UP
		AT FIRST SCHOOL
		AT SECOND SCHOOL
		AT THIRD SCHOOL
		AT FOURTH SCHOOL
		AT FIFTH SCHOOL
		ENDING OF A.M. RUN (AT GARAGE)
		BEGINNING OF P.M. RUN (AT GARAGE)
		AT FIRST SCHOOL
		AT SECOND SCHOOL
		AT THIRD SCHOOL
		AT FOURTH SCHOOL
		AT FIFTH SCHOOL
		AT FIRST PUPIL UNLOADED
		AT LAST PUPIL UNLOADED
		ENDING OF P.M. RUN (AT GARAGE)

\_\_\_\_\_ A.M. TIME  
+ 15 MINUTES PRE-TRIP

\_\_\_\_\_ P.M. TIME

OFFICE USE:	RUN	1ST	2ND	3RD	4TH
_____ BEGINNING MILEAGE	Public Pupils	_____	_____	_____	_____
_____ MILES	Non-Public	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____

Time: \_\_\_\_\_  
Time from  
Reverse Side: \_\_\_\_\_  
TOTAL TIME: \_\_\_\_\_  
Adjusted  
Total Time: \_\_\_\_\_

**BUS #:** \_\_\_\_\_ **SHUTTLES**

Time	Odometer Reading	Check Point	OFFICE USE
		BEGINNING OF A.M. RUN (AT GARAGE)	<hr/> <b>A.M. TIME</b>
		FIRST TRIP - AT FIRST PUPIL PICK-UP	
		AT FIRST SCHOOL:	
		BEGINNING OF LAY-OVER TIME (IF ANY)	
		END OF LAY-OVER TIME	
		SHUTTLE - FIRST SCHOOL	
		SHUTTLE - SECOND SCHOOL	
		END OF A.M. RUN (AT GARAGE)	
		BEGINNING OF MID-DAY RUN (AT GARAGE)	
		PICK-UP AT HOME SCHOOL	
		AT SECOND SCHOOL	
		AT THIRD SCHOOL	
		AT FOURTH SCHOOL	
		AT FIFTH SCHOOL	
		END OF MID-DAY RUN (AT GARAGE)	<hr/> <b>P.M. TIME</b>
		BEGINNING OF P.M. RUN (AT GARAGE)	
		SHUTTLE - FIRST SCHOOL	
		SHUTTLE - SECOND SCHOOL	
		ENDING OF P.M. RUN (AT GARAGE)	

OFFICE USE: \_\_\_\_\_ BEGINNING MILEAGE

\_\_\_\_\_ SHUTTLE TIME

\_\_\_\_\_ MILES

Driver Signature: \_\_\_\_\_

I hereby certify that the driver whose signature appears above has had a physical examination and is covered with Workmen's Compensation Insurance for the 2008-2009 school year. Also, I certify that information provided to the Carroll County Board of Education on this form is correct and accurate.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

