

School Bus Schedule

Bus Number_____

Center(s)/Bus Route(s)

Check the appropriate box: Morning Bus Run Evening Bus Run

Driver _____

| Stop # | Designate Stop Childs Name and Physical Address Required | Time of Stop | Miles from Starting Point |
|--------|---|---|------------------------------|
| N/A | Where is the bus parked? | Time you pull out to go to first stop: | Miles at start: |
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| | Last stop is where the bus is parked. | | |

- Make out two bus schedules per route -

One for each route (AM & PM) must be kept on bus. One for each route (AM & PM) must be turned in to the Executive Director.