AFTER SCHOOL ROUTES

After School Tutoring, Young Memorial, JROTC, or CTE Classes
Submit monthly to Kim Fuselier at the COC

Bus #: _____ Month: _____

Daily Mileage Average: _____ Start Time: _____ End Time: _____

List of Dates of Running Route	Number of Students

Bus Operator Signature: _____

Principal/Assistant Principal Signature: _____

Supervisor of Transportation: _____

Assistant Superintendent Signature: _____