CALCASIEU PARISH SCHOOL BOARD

Transportation Department - Student Ridership Form

Bus #: _____ **Route #:** _____ **School Year:** _____ **Driver Name:** _____ **Aide Name:** _____

School(s) Served: _____ **Start Time:** _____ **Total Students:** _____ ☐ **AM** ☐ **PM**

Seat #	Student Name	School	Grade	DOB	Phone #	Home Address	Actual Stop

Seat #	Student Name	School	Grade	DOB	Phone #	Home Address	Actual Stop

Seat #	Student Name	School	Grade	DOB	Phone #	Home Address	Actual Stop

Transportation Alerts / Special Instructions

Student Name	Alert / Special Instruction

Driver Signature	Aide Signature	Supervisor Signature	Date