

SPECIAL NEEDS STOP SHEET

BUS # _____

DATE _____

DRIVER'S NAME _____

AIDE'S NAME _____

| | | | | |
|-----------------------------|----------------|----|--------|----|
| ADDRESS BUS IS PARKED _____ | DEPARTURE TIME | AM | MIDDAY | PM |
|-----------------------------|----------------|----|--------|----|

| | | | | |
|----------------------------|--------------|--|--|--|
| ADDRESS TO MEET AIDE _____ | PICK UP TIME | | | |
|----------------------------|--------------|--|--|--|

| STUDENT NAME | STOP LOCATION | SCHOOL | AM-P/U FROM HOME | AM-DROP AT SCHOOL | PM-P/U AT SCHOOL | PM-DROP AT HOME |
|--------------|---------------|--------|---------------------|----------------------|---------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

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|----------------------------|---------------|----|--------|----|
| ADDRESS TO DROP AIDE _____ | DROP OFF TIME | AM | MIDDAY | PM |
|----------------------------|---------------|----|--------|----|

| | | | | |
|-----------------------------|-------------|--|--|--|
| ADDRESS BUS IS PARKED _____ | RETURN TIME | | | |
|-----------------------------|-------------|--|--|--|

SPECIAL NEEDS STOP SHEET

BUS # _____ CONTINUED ...

| STUDENT NAME | STOP LOCATION | SCHOOL | AM-P/U FROM HOME | AM-DROP AT SCHOOL | PM-P/U AT SCHOOL | PM-DROP AT HOME |
|--------------|---------------|--------|---------------------|----------------------|---------------------|--------------------|
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