2024 - 2025 CMCSS FIT ACCOUNTABILITY FORM

**PLEASE PLACE A "
IN THE SPACE PROVIDED IF THE STUDENT RIDES. IF THE STUDENT IS NOT THERE, PLEASE PLACE
AN "X" IN THE SPACE. PLEASE TURN IN FORM AT THE END OF EVERY MONTH

																										Bus	s #						
																									Month								
Student Name:																																	
School:																																	
		2	3	1 4	5	6	I - I	8	0	10	144	112	112	11	15	16	17	10	10	20	24	22	22	24	25	26	27	28	29	20	24		
Δ N 4	+ '	2	3	4	Э	О	7	0	9	10	11	12	13	14	15	10	17	10	19	20	21	22	23	24	25	26	21	20	29	30	31		
AM																													₩	<u> </u>	<u> </u>		
PM																													<u> </u>		<u> </u>		
Student Name:																																	
School:															•																		
															•																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
AM																																	
PM																													t				
				1																								<u> </u>					
Student Name:																																	
School:															•																		
															•																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
AM						Ť		-																									
PM						l																											

10/22/24 TRN-F080