

Bus # _____

DCSS Transportation Services
Route Sheet

Date of Survey: _____

Driver Name: _____

Phone #: _____

Departure Time: _____ AM _____ PM

Years Experience: _____

Odometer Reading at Home: _____

Odometer Reading @ 1st Pick Up: _____

Address Where Bus Is Parked: _____

<u>Schools Served in Morning</u>	<u>Time</u>	<u>Odometer Reading</u>	<u># of Students</u>
1			
2			
3			
4			
5			
6			

<u>Schools Served 3:00PM</u>	<u>Time</u>	<u>Odometer Reading</u>	<u># of Students</u>
1			
2			
3			

Odometer Reading When Last Pupil Is Discharged: _____

<u>Schools Served 3:30PM</u>	<u>Time</u>	<u>Odometer Reading</u>	<u># of Students</u>
1			
2			
3			
4			
5			

Odometer Reading When Last Pupil Is Discharged: _____

