		Da	ily Count Sheet for Bus/Ro	oute#		
Instructions: Complete t			during this count week. Pleas o the department. Return con			report to the higher of am or pm nd of count week.
School Name						
	Public School Riders	Non-Public Riders	Community School Riders	Special Education Riders	Daily Total Riders	Beginning Odometer
Less than 1 mile						
More than 1 mile						
Special needs						
School Name						
	Public School Riders	Non-Public Riders	Community School Riders	Special Education Riders	Daily Total	
Less than 1 mile	Riders	Riders	Riders	Riders	Riders	
Less than I lille						
More than 1 mile						
Special needs						
Calcad Name						
School Name						_
	Public School Riders	Non-Public Riders	Community School Riders	Special Education Riders	Daily Total Riders	
Less than 1 mile						
More than 1 mile						
Special needs						
School Name						
School Name						_
	Public School	Non-Public	Community School	Special Education	Daily Total	
	Riders	Riders	Riders	Riders	Riders	
Less than 1 mile						
More than 1 mile						
Special needs						
School Name						
	Public School Riders	Non-Public Riders	Community School Riders	Special Education Riders	Daily Total Riders	
Less than 1 mile						
More than 1 mile						
Special needs						Ending Odometer
	Total Daily I	Miles (subtract beginni	ng odometer reading from ending o	odometer reading)		