

**Daily Count Sheet for Bus/Route# \_\_\_\_\_**

Instructions: Complete the count sheet PER SCHOOL and PER DAY during this count week. Counts may only be on first conveyance. DO NOT COUNT FROM SCHOOL TO HOME. Only count students 1 time daily. Return completed form to transportation supervisor at end of count week.

School Name _____						
	<b>Public School Riders</b>	<b>Non-Public Riders</b>	<b>Community School Riders</b>	<b>Special Education Riders</b>	<b>Daily Total Riders</b>	<b>Beginning Odometer</b>
<b>Less than 1 mile</b>						
<b>More than 1 mile</b>						
<b>Special needs</b>						
School Name _____						
	<b>Public School Riders</b>	<b>Non-Public Riders</b>	<b>Community School Riders</b>	<b>Special Education Riders</b>	<b>Daily Total Riders</b>	
<b>Less than 1 mile</b>						
<b>More than 1 mile</b>						
<b>Special needs</b>						
School Name _____						
	<b>Public School Riders</b>	<b>Non-Public Riders</b>	<b>Community School Riders</b>	<b>Special Education Riders</b>	<b>Daily Total Riders</b>	
<b>Less than 1 mile</b>						
<b>More than 1 mile</b>						
<b>Special needs</b>						
School Name _____						
	<b>Public School Riders</b>	<b>Non-Public Riders</b>	<b>Community School Riders</b>	<b>Special Education Riders</b>	<b>Daily Total Riders</b>	
<b>Less than 1 mile</b>						
<b>More than 1 mile</b>						
<b>Special needs</b>						
						<b>Ending Odometer</b>
Total Daily Miles (subtract beginning odometer reading from ending odometer reading)						