

First Run Route # \_\_\_\_\_

Instructions: Complete the count sheet PER RUN and PER DAY during this count week. Return completed form to transportation supervisor at end of count week.

Monday Date _____							
Bus Number	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							
						Ending Odometer	
Tuesday Date _____							
Bus Number	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							
						Ending Odometer	
Wednesday Date _____							
Bus Number	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							
						Ending Odometer	
Thursday Date _____							
Bus Number	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							
						Ending Odometer	
Friday Date _____							
Bus Number	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							
						Ending Odometer	