

# NOCAC Head Start Transportation Attendance Sheet

Center/Classroom: \_\_\_\_\_ Teachers: \_\_\_\_\_ Schedule: \_\_\_\_\_

Date: \_\_\_\_\_

Bus. No. \_\_\_\_\_

	Child's Name	DOB	Mon.				Tues.				Wed.				Thurs.				Fri.							
			PU	TIME	DO	TIME	PU	TIME	Do	TIME	PU	TIME	DO	TIME	PU	TIME	DO	TIME	PU	TIME	Do	TIME				
1																										
2																										
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19																										
20																										
21																										
	TOTAL																									

Driver's Initials: \_\_\_\_\_

Monitor's Initials: \_\_\_\_\_

Procedure for Completing Transportation Attendance:

\*At pick-up monitor marks the children in and the driver marks the children out at center

**VISUAL SWEEPS WILL DONE AT THE END OF EACH ROUTE\*\*\*\***

A= absent