

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																										
3																										
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17																										
18																										
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