GRANT PARISH SCHOOL

ANNUAL SCHOOL BUS ROUTE INFORMATION REPORT

SCHOOL BUS AND DRIVER

Name: _____ **Home Phone:** _____

Address: _____ **Other Phone:** _____

_____

Bus # _____**Passenger Capacity:** _____ **Bus Length:** _____

Year: _____**Make:** _____ **Model:**_____

MILEAGE

Use odometer readings only (show miles and tenths). Include only route mileage actually driven (no deadhead miles). Do not show frozen mileage, unless same as actual route mileage. Route mileage will be measured in the school bus. (Owner is responsible for verifying odometer accuracy)

MORNING ODOMETER READINGS

1. First Stop _____
(odometer reading)

2. Last Stop _____
(odometer reading)

_____
(Leave Blank)

AFTERNOON ODOMETER READING

1. First Stop _____
(odometer reading)

2. Last Stop _____
(odometer reading)

_____
(Leave Blank)

PUPILS TRANSPORTED

	AM	**PM**
FIRST LOAD	_____	_____
SECOND LOAD	_____	_____

ROUTE TIMES

MORNING ROUTE

1. Time First Child Picked Up _____
2. Time Arrived at Last School _____

AFTERNOON ROUTE

1. Time First Child Entered Bus _____
2. Time Last Child Dropped Off _____

Based on the above, my work week as a bus operator consists of _____ hours, _____ minutes.

TOTAL NUMBER OF BUS STOPS (Including Stops at School): _____ _____
(AM) (PM)

I certify that the above information is accurate, true and correct. Route(s) was (were) measured according to instructions contained in Section X, "School Bus Routes" and Section XI, "Board Policies," Bulletin 1191, School Transportation Handbook, Louisiana Department of Education, 1998. I understand that inaccurate or incorrect measurement of mileage could result in certain actions as set forth in the above named bulletin.

_____ Date: _____
Bus Driver Signature

_____ Date: _____
Signature and Title of Auditor