

CBVT Transportation Student Data/Odometer Reading Form

**This section is to be filled out by the teacher.
Please Give to Bus Driver (Driver will keep for billing purposes.)**

Date of Trip: _____ Pick-Up Time: _____
Department Location: _____ Drop-Off Time: _____
Destination: _____
Staff Name: _____ Signature: _____

	Name of Student	District	Special Needs (life, wheelchair, etc.)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Information to be filled out by drivers.

Vehicle Number: _____
Driver's Name/Company (Please Print): _____
Driver's Signature: _____
Odometer reading at start of run: _____
Odometer reading at pick up of student: _____
Odometer reading at destination: _____
Odometer reading at drop off: _____
Odometer reading at end of run: _____