

Record of Annual School Bus Evacuation Drills School Year 20___/ 20____

School Name:		County:	
Front:	Rear:	Split:	
School Telephone # _		Date:	
Bus #	Dr	iver's Name:	
should be held during drill should be held p completed forms to t	g the period Septer rior to the end of tl he Transportation	st be practiced twice a scho nber 3rd and November 30 ne school year. Please forv Manager at <u>cdares@ssrce.</u>) ^{th,} and the second ward signed <u>ca</u> .
SIGNATURES:			
	Bus	Driver	

Transportation Coordinator/Designate

School Principal/ Designate