

**EAST BATON ROUGE PARISH SCHOOL SYSTEM
TRANSPORTATION DEPARTMENT
DETAILED ROUTE SUMMARY**

Driver Name _____ Bus # _____ Telephone # _____ 2nd # _____
 Supervisor _____ Zone _____ Total Students _____ School _____ Bus Parking Address _____

Pick Up Time _____ Stop Description _____
 AM PM _____

<input type="checkbox"/>	Name _____	Address _____	Phone _____	Emerg _____	Sex _____	DOB _____	Race _____	Age _____
<input type="checkbox"/>	Seat # _____	Window _____ Middle _____ Aisle _____						
<input type="checkbox"/>	Name _____	Address _____	Phone _____	Emerg _____	Sex _____	DOB _____	Race _____	Age _____
<input type="checkbox"/>	Seat # _____	Window _____ Middle _____ Aisle _____						
<input type="checkbox"/>	Name _____	Address _____	Phone _____	Emerg _____	Sex _____	DOB _____	Race _____	Age _____
<input type="checkbox"/>	Seat # _____	Window _____ Middle _____ Aisle _____						
<input type="checkbox"/>	Name _____	Address _____	Phone _____	Emerg _____	Sex _____	DOB _____	Race _____	Age _____
<input type="checkbox"/>	Seat # _____	Window _____ Middle _____ Aisle _____						
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