



**TRANSPORTATION DEPARTMENT
ROUTE SUMMARY REPORT**

Driver: _____
 Bus: _____
 Phone: _____
 School: _____
 Supervisor: _____

Morning Route Only

| <u>STOP TIME</u> | <u>LOCATION (CORNER OR ADDRESS STOP)</u> | <u>NUMBER OF RIDERS</u> |
|------------------|--|-------------------------|
| 1. | | |
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| 23. | | |

| <u>STOP TIME</u> | <u>LOCATION (CORNER OR ADDRESS STOP)</u> | <u>NUMBER OF RIDERS</u> |
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| 24. | | |
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