| NAME | DATE: BUS # |
|---|---|
| PLEASE, TURN IN YOUR UPDATES | S WITHIN 5 DAYS OF A CHANGE |
| Dear Hall County Special Needs Bus Drivers, First, thank you for what you do! Secondly, please take a l tudents that I have on file for your route. | look at the following pages. It consists of a manifest of |
| Print your name and write in your bus # above. Please look over the list. Any student no longer riding your bus, write their name of the printed which route he should be removed (and the printed that is not listed on your manifist, pleased. Keep the printed manifest in your note book on the students present during the accident instead of writing the returned, I will correct your manifest. Please make updates monthly as needed. | (ex. Jon Doe-AM. Jon Doe-PM or Jon Doe-Both) se write their name on the list titled "Add to route". bus. If you have an accident you can mark the names of ting the names down. |
| would expedite this process, keeping you and the students process much easier for you. | |
| Again, we appreciate what you do for the children of Hall (evel of commitment and professionalism of our drivers. F | |
| <u>Delete from route</u> | Add to route |
| EXAMPLE - Jon Doe - PM | EXAMPLE - Jon Doe - Both |
| | |
| | |
| NOTES: | |