TRANSPORTATION LOG

parture Location: Destination Location:										
NAME OF CHILD	MON./Date:		TUES./Date:		WED./Date:		THURS./Date:		FRI./Date:	
First and Last Name	AM	PM	AM	PM	AM	PM	АМ	PM	AM	PM
Time of Departure										
Time of Arrival										
By signing below, I attest to the followin including all rows, seats and under seats										
Driver's signature/date	, , ,					. ,	1			
Staff's signature/date										
Driver's signature/date										
Staff's signature/date										

Required for all transportation and walking field trips. Amend as needed for individual field trips.

Key: / Accounted for Boarding/Leaving X: Accounted for Boarding/Returning A: Absent

C-0013 (Rev 04/18) Sample Form