|  |
| --- |
| Student TransportationWashington Office of Superintendent of Public Instruction logoOld Capitol BuildingPO BOX 47200Olympia WA 98504-7200Phone: (360) 725-6120 TTY: (360) 664-3631http://www.k12.wa.us/transportation**DISTRICT CAR STUDENT COUNT FORM****2025–26 School Year****(optional)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DRIVER’S NAME (PLEASE PRINT) | DISTRICT CAR NUMBER | DISTRICT ROUTE NUMBER | LICENSE PLATE NUMBER | STATE ROUTE NUMBER | DATE |
|       |       |       |       |       |       |

Counts and verification signatures must be completed in ink by the school bus driver.

Use this form to record any home-and-school transportation provided with a district motor pool vehicle.

|  |  |  |  |
| --- | --- | --- | --- |
| STOP LOCATION | STUDENT NAME(S) | DESTINATION | Total Students by Program |
| Basic | Special Ed | Homeless | Bilingual | Gifted | Early Ed |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

NOTICE:

I verify that the information provided is true and accurate to the best of my ability:

Driver Signature Date

Do not submit this form to OSPI.