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| Student Transportation  Washington Office of Superintendent of Public Instruction logo  Old Capitol Building  PO BOX 47200  Olympia WA 98504-7200  Phone: (360) 725-6120 TTY: (360) 664-3631  http://www.k12.wa.us/transportation  **STUDENT COUNT FORM**  **2025**–**26 School Year**  **(optional)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ASSIGNED DRIVER’S NAME | DISTRICT BUS NUMBER | STATE BUS NUMBER | DISTRICT ROUTE NUMBER | STATE ROUTE NUMBER | DATE |
|  |  |  |  |  |  |

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

|  |  |
| --- | --- |
| Route Type  (Check all that apply) | |
| Basic |  |
| Special Education |  |
| Bilingual |  |
| Gifted |  |
| Homeless |  |
| Early Ed |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DESTINATION 1 | | DESTINATION 2 | | DESTINATION 3 | |
| School Name |  | School Name |  | School Name |  |
|  | COUNT |  | COUNT |  | COUNT |
| BASIC STUDENT COUNT |  | BASIC STUDENT COUNT |  | BASIC STUDENT COUNT |  |
| S/E STUDENT COUNT |  | S/E STUDENT COUNT |  | S/E STUDENT COUNT |  |
| BILINGUAL STUDENT COUNT |  | BILINGUAL STUDENT COUNT |  | BILINGUAL STUDENT COUNT |  |
| GIFTED STUDENT COUNT |  | GIFTED STUDENT COUNT |  | GIFTED STUDENT COUNT |  |
| HOMELESS STUDENT COUNT |  | HOMELESS STUDENT COUNT |  | HOMELESS STUDENT COUNT |  |
| EARLY ED STUDENT COUNT |  | EARLY ED STUDENT COUNT |  | EARLY ED STUDENT COUNT |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number of bus stops in walk area (this route) |  | Walk Area Stops student count |  | Walk Area Stops student count |  | Walk Area Stops student count |  |
|  |  | (transfer from back) |  | (transfer from back) |  | (transfer from back) |  |

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| --- | --- | --- | --- | --- | --- |
| TOTALS (OFFICE USE) |  |  |  |  |  |

Supervisor: Initial here if all stops are in walk area:

Driver: If all route stops are within the designated walk area, enter the student count at the destination(s) and in the Walk Area Stops student count box. Do not count students at individual stops if all stops are in the walk area.

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

Print Driver Name

Driver Signature Date

Do not submit this form to OSPI.

**STUDENT COUNT FORM – WALK AREA TRANSPORTATION**

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

Use this side of the form to record any home-to-school transportation provided within the established walk area.

Do not count students at school bus stops except within the walk area.

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| --- | --- | --- | --- | --- | --- |
| DESTINATION 1 | | DESTINATION 2 | | DESTINATION 3 | |
| School Name |  | School Name |  | School Name |  |
| Stop No. | STOP LOCATION | | WALK AREA STUDENT COUNT |  | WALK AREA STUDENT COUNT |  | WALK AREA STUDENT COUNT |
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