# SAFE RIDING PRACTICES
# CLASSROOM INSTRUCTION
# VERIFICATION FORM **T-7**

THIS FORM IS DUE IN THE
TRANSPORTATION DEPARTMENT
BY

**SEPTEMBER 30TH--1ST SEMESTER OF SCHOOL YEAR 2018-2019**

**JANUARY 31ST--2ND SEMESTER OF SCHOOL YEAR 2018-2019**

SCHOOL _____

I verify that all students attending the above-referenced school received instruction in safe riding practices as required by the Louisiana Department of Education.

PRINCIPAL'S SIGNATURE:_____DATE:_____

COMMENTS:

Safe Riding Practices listed on back

# SCHOOL BUS EMERGENCY EVACUATION DRILL

## VERIFICATION FORM **T-8**

THIS FORM IS DUE IN THE

TRANSPORTATION DEPARTMENT

BY

**SEPTEMBER 30TH --1ST SEMESTER OF SCHOOL YEAR 2018-2019**

**JANUARY 31ST --2ND SEMESTER OF SCHOOL YEAR 2018-2019**

RECEIVED BY TRANSPORTATION DEPARTMENT:_____

SCHOOL NAME _____

PRINCIPAL'S SIGNATURE:_____DATE:_____

| SCHOOLS DRILLS DATE & TIME | EVACUATION TIME FRONT OF BUS: MIN.___ SEC.___ | EVACUATION TIME REAR OF BUS: MIN.__ SEC.___ | STUDENT COUNTS | BUS # | DRIVER'S SIGNATURE |
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