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