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 20____ - 20____ JANUARY 31ST--2ND SEMESTER OF SCHOOL YEAR: 20 - 20 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:**

SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION FORM **T-8**

THIS FORM IS DUE IN THE TRANSPORTATION DEPARTMENT BY:					
SEPTEMBER 30TH1ST SEMESTER OF SCHOOL YEAR: 20 20					
JANUARY 31ST2ND SEMESTER OF SCHOOL YEAR: 20 20					
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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