

**(MONTH) (YEAR) STUDENT COUNTS**

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To: All Bus Drivers  
From: (Name), Director of Transportation  
Subject: Student Counts

*You are asked to complete the below information on (Date) for necessary student load information. Information is due to the office no later than (Day of Week), (Date).*

We need an accurate headcount of the students who are actually riding your bus.

Bus/Route #: \_\_\_\_\_

<b>1<sup>st</sup> Run</b>	<b>A.M. Student Count</b>  _____	<b>A.M. Arrival Time At School</b>  _____	<b>P.M. Student Count</b>  _____	<b>P.M. Arrival Time At School</b>  _____
<b>2<sup>nd</sup> Run</b>	<b>A.M. Student Count</b>  _____	<b>A.M. Arrival Time At School</b>  _____	<b>P.M. Student Count</b>  _____	<b>P.M. Arrival Time At School</b>  _____
<b>3<sup>rd</sup> Run</b>	<b>A.M. Student Count</b>  _____	<b>A.M. Arrival Time At School</b>  _____	<b>P.M. Student Count</b>  _____	<b>P.M. Arrival Time At School</b>  _____

Thank you,  
(Name)  
Director of Transportation