Hillsborough County Florida

(LFCCH) Transportation/Walking Attendance Sheet

Date: _____ Page: _____

Child's Name	Time on van	Time off van	
			V
			I
			S
			U
			A
			L
			S
			W
			E
			E
			P
			W
			E
	Sign	*Sign*	

Child's Name	Time on van	Time off van	
			V
			I
			S
			U
			A
			L
			S
			W
			E
			E
			P
			W
			E
	Sign	*Sign*	

Driver's Signature: _____ _____ _____ _____

Verifier's Signature: _____ _____ _____ _____

Procedure for Completing Transportation Attendance:

*Mark children in on sheet above as they enter vehicle (indicate time)

*Upon arrival at destination indicate time as children depart the vehicle

**Signatures verify that all children have been accounted for and visual sweep has been conducted*