District Name _____   **County District Number** _____

Register of Eligible Riders
Student Count Sheet

Bus/Route # _____   School Year _____   AM _____   PM _____

Route Type _____

Student Name	Campus/ Grade	School Month									Remarks
		Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Total Ridership		0	0	0	0	0	0	0	0	0	

Signature of Driver/Person Taking the Count _____
Date
(If mulitiple pages sign/date all pages)

Page _____ of _____