TRIP LOG	Please place a checkmark in appropriate box if student is present on bus.									
BUS #	Place an A for absent if student is not on bus.									
Month/Year:	Monday		Tuesday		Wednesday		Thursday		Friday	
Week (dates):										
STUDENT NAME	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

PLEASE RETURN AT THE END OF EACH WEEK TO SPECIAL EDUCATION DEPARTMENT OR SEMI COORDINATOR

SIGNATURE OF BUS MONITOR: _____