SPECIAL NEEDS STOP SHEET

BUS # _____ DATE _____

DRIVER'S NAME _____ AIDE'S NAME _____

			AM	MIDDAY	PM
ADDRESS BUS IS PARKED	_____	DEPARTURE TIME	_____	_____	_____
ADDRESS TO MEET AIDE	_____	PICK UP TIME	_____	_____	_____

STUDENT NAME	STOP LOCATION	SCHOOL	AM-P/U FROM HOME	AM-DROP AT SCHOOL	PM-P/U AT SCHOOL	PM-DROP AT HOME

			AM	MIDDAY	PM
ADDRESS TO DROP AIDE	_____	DROP OFF TIME	_____	_____	_____
ADDRESS BUS IS PARKED	_____	RETURN TIME	_____	_____	_____