

## SCHOOL BUS DRIVER ATTENDANCE RECORD

\_\_\_\_\_  
 Sponsor/School District

\_\_\_\_\_  
 Location of Class

\_\_\_\_\_  
 Instructor's Name Phone Number

\_\_\_\_\_  
 Name of Transportation Point of Contact Phone Number

\_\_\_\_\_  
 Email Address for Transportation Point of Contact

Record only one class per roster.

Check one of the following:

- Core04       Core Refresher
- Advance       First Aid/CPR\*\*
- TSWSN       Misc\*
- DDC       Other\*
- Special\*

\*Must attach Approval Letter from ODE

\*\*Mark CPR as First Aid V, VI

Total Hours of Instruction  Expiration Date of First Aid Card: \_\_\_\_\_

Driver's License No.	Student's Name			Dates of Sessions Being Held					
	Last	First	MI	I	II	III	IV	V	VI

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	Last	First	MI	I	II	III	IV	V	VI