Oregon Department of Education Public Service Building 255 Capitol Street NE Salem, OR 97310 Pupil Transportation & Fingerprinting Unit 503-947-5600 FAX 503-378-5156 buslicense@ode.state.or.us

Record only one class per roster.

SCHOOL BUS DRIVER ATTENDANCE RECORD

Sponsor/School District		_			[<u> </u> (ollowing: Core Refr		
Location of Class						cj	TSWSN [Misc*	
Instructor's Name		Phone Number					Special*		
Name of Transportat		Phone Number	*Must attach Approval Letter from ODE **Mark CPR as First Aid V, VI						om ODE
Email Address for Tr	ansportation Point of Co		tal Hours of I	Instruction	Expi	ration Date of	of First Aid C	ard:	
Driver's		Student's Name			Da	ates of Sessi	s of Sessions Being Held		
License No.	Last	First	MI				IV	V	VI

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