DATE_____   **PACT CB DROP-OFF ROUTE PLAN**   Updated _____

Driver_____ Location_____
Bus Monitor _____ Bus # _____   Class#_____
Time driver leaves center to start route _____   Time driver returns to center _____

Drop-off Time	Child's Name	Drop-off point Street and town address	Drop-off point phone number	Notes

How many times do you back up on this route and why? _____
Does any child have to cross the street on this route and who? _____
Keep Original. Give a copy to the Site Supervisor and Teacher and send a copy to Transportation Coordinator before first day of class and then as needed due to updates.   Revised 6/18

Date_____   **PACT CB PICK-UP ROUTE PLAN**   Updated _____

Driver_____ Location_____

Bus Monitor _____   Bus # ____   Class #_____

Time driver leaves center to start route _____   Time driver returns to center _____

Pick-up Time	Child's Name	Pick Up point Street and town address	Pick Up point phone number	Notes

How many times do you back up on this route and why? _____

Does any child have to cross the street on this route and who? _____

Keep Original. Give a copy to the Site Supervisor, Teacher and Transportation Coordinator before first day of class and then as needed due to updates.   Revised 6/18