Hillsborough County
Florida

FCCH
Transportation Attendance Sheet

Date**:** _____ Page: ____

Child's Name	Time on van	Time off van		Time on van	Time off van		Time on van	Time off van		Time on van	Time off van		Time on van	Time off van	
			V			**V**			**V**			**V**			**V**
			I			**I**			**I**			**I**			**I**
			S			**S**			**S**			**S**			**S**
			U			**U**			**U**			**U**			**U**
			A			**A**			**A**			**A**			**A**
			L			**L**			**L**			**L**			**L**
			S			**S**			**S**			**S**			**S**
			W			**W**			**W**			**W**			**W**
			E			**E**			**E**			**E**			**E**
			E			**E**			**E**			**E**			**E**
			P			**P**			**P**			**P**			**P**
	Sign			*Sign*			*Sign*			*Sign*			*Sign*		

Driver's Signature: _____ _____ _____ _____ _____

Procedure for Completing Transportation Attendance:

* Mark children in on sheet above as they enter vehicle (indicate time)
* Upon arrival at destination, indicate time as children depart the vehicle
* *Signatures verify that all children have been accounted for and visual sweep has been conducted*