

**Highland Rim Head Start
Field Trip Transportation Log**
(One Log per trip)

Place # where each child is seated

Center/Classroom: _____

Trip Destination: _____ Date: _____

<i>Back</i>				<i>Vehicle</i>				<i>Front</i>			
											(driver)

ALL COLUMNS MUST BE COMPLETED WITH TIMES

CHILD'S NAME	ABSENT/ PRESENT?	AGE	BOARD VEHICLE	OFF STOP #1	BACK ON	OFF STOP #2	BACK ON	TIME RETURN
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
Driver Initial indicates walk thru								
Monitor Initial indicates walk thru								

* My Signature Below Certifies That I Walked Through This Vehicle At The Arrival at Each Stop To Verify That No Child Was Left On Board:

*DRIVER: _____ DATE: _____

*MONITOR: _____ DATE: _____

*STAFF: _____ DATE: _____