OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Pupil Transportation
Old Capitol Building
PO BOX 47200
Olympia, WA 98504-7200
(360) 725-6120 TTY (360) 664-3631

ESD	CO DIST

VERIFICATION OF RIDERSHIP DATA SUBMITTED
School Year 2007–08

District Name _____ Survey Dates _____

For the 2007–08 school year, the following data is being submitted for the annual Ridership Report. Each school district should retain a copy of all documents submitted.

☐ FORM SPI 1022A (Electronically submitted) ☐ FORM SPI 1021 Annual School Bus Mileage Report

_____ 1. Number of A Routes—Basic Program.

_____ 2. Number of T Routes—Basic Program (Transit buses).

_____ 3. Number of S Routes—Special Program.

_____ 4. Number of J Routes—Combined Transportation.

_____ 5. Number of K Routes—Midday Transportation (four or five days per week).

_____ 6. Number of M Routes—Midday Transportation (one day per week).

_____ 7. Number of B Routes—Basic Shuttle (four or five days per week).

_____ 8. Number of C Routes—Basic Shuttle (three days per week).

_____ 9. Number of D Routes—Basic Shuttle (two days per week).

_____ 10. Number of E Routes—Basic Shuttle (one day per week).

_____ 11. Number of W Routes—Special Shuttle (one day per week).

_____ 12. Number of X Routes—Special Shuttle (two days per week).

_____ 13. Number of Y Routes—Special Shuttle (three days per week).

_____ 14. Number of Z Routes—Special Shuttle (four or five days per week).

_____ 15. Number of I or P Routes—(In Lieu or Private Party).

_____ 16. Total Routes Submitted

☐ FORM SPI 1022B
K–5 Enrollment Route Log

☐ FORM SPI 1022C
District Car Route Log (if applicable)
_____ Number of District Car Route Logs (enter zero if none)

I certify and attest to the accuracy of the data and information submitted.

_____ _____
SUPERINTENDENT'S SIGNATURE DATE

_____ _____
TRANSPORTATION ADMINISTRATOR'S SIGNATURE DATE

Regional Coordinator's Verification _____