



STUDENT COUNT FORM 2019–20 School Year (optional)

ASSIGNED DRIVER'S NAME	DISTRICT BUS NUMBER	STATE BUS NUMBER	DISTRICT ROUTE NUMBER	STATE ROUTE NUMBER	DATE

Counts and verification signatures must be completed in ink by the school bus driver.

Route Type (Check all that apply)	
Basic	
Special Education	
Bilingual	
Gifted	
Homeless	
Early Ed	

DESTINATION 1		DESTINATION 2		DESTINATION 3	
School Name	COUNT	School Name	COUNT	School Name	COUNT
BASIC STUDENT COUNT		BASIC STUDENT COUNT		BASIC STUDENT COUNT	
S/E STUDENT COUNT		S/E STUDENT COUNT		S/E STUDENT COUNT	
BILINGUAL STUDENT COUNT		BILINGUAL STUDENT COUNT		BILINGUAL STUDENT COUNT	
GIFTED STUDENT COUNT		GIFTED STUDENT COUNT		GIFTED STUDENT COUNT	
HOMELESS STUDENT COUNT		HOMELESS STUDENT COUNT		HOMELESS STUDENT COUNT	
EARLY ED STUDENT COUNT		EARLY ED STUDENT COUNT		EARLY ED STUDENT COUNT	

Number of bus stops in walk area (this route)

Walk Area Stops student count		Walk Area Stops student count		Walk Area Stops student count	
(transfer from back)		(transfer from back)		(transfer from back)	
TOTALS (OFFICE USE)					

Supervisor: Initial here if all stops are in walk area: _____

Driver: If all route stops are within the designated walk area, enter the student count at the destination(s) and in the Walk Area Stops student count box. Do not count students at individual stops if all stops are in the walk area.

I verify that the information provided is true and accurate to the best of my ability:

 Print Driver Name

 Driver Signature _____
 Date

Do not submit this form to OSPI.

