

**CBI PLANNING ROSTER**  
 DISTRICT SCHOOL BOARD OF PASCO COUNTY  
 TRANSPORTATION DEPARTMENT

Directions: Once completed and signed by School Administrator, send to Courtney Foulk, Supervisor, Access Standards, Transition Services for final approval.

SCHOOL: \_\_\_\_\_ SCH EXT. \_\_\_\_\_ PG \_\_\_\_\_ OF \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ EXT. \_\_\_\_\_

TRIP DATE	DESTINATION	ADDRESS / LOCATION	DEPART TIME	RETURN TIME	# OF STAFF	# OF STUDENTS	VAN, BUS or PCPT	# OF VEHICLES	# OF W/C	# OF H STRAPS

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL ADMINISTRATOR APPROVAL	
DATE	SIGNATURE

STUDENT SUPPORT PROGRAMS & SERVICES APPROVAL	
DATE	SIGNATURE

TRANSPORTATION DEPARTMENT USE	
CANCELLED	REFUSED
BILLED OUT	