

# Mid-Valley Special Education Cooperative

1304 Ronzheimer Ave. St. Charles, IL 60174  
(331)228-4873 fax (331) 228-4874 tty; (331) 228-6003

Student FULL Name: \_\_\_\_\_

School / Teacher: \_\_\_\_\_

Bus Route: \_\_\_\_\_

Staff Documenting Transportation:

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If the student did NOT ride the bus on a given day – leave the date box BLANK

If the student rode the bus both to and from school place an “X” in the date box (round trip)

If the student rode the bus either to or from school place a “/” in the date box (one way). Do not worry about documenting if the transportation was to or from school

2018

August							September							October						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4							1		1	2	3	4	5	6
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
26	27	28	29	30	31		23/30	24	25	26	27	28	29	28	29	30	31			
November							December													
S	M	T	W	T	F	S	S	M	T	W	T	F	S							
				1	2	3							1							
4	5	6	7	8	9	10	2	3	4	5	6	7	8							
11	12	13	14	15	16	17	9	10	11	12	13	14	15							
18	19	20	21	22	23	24	16	17	18	19	20	21	22							
25	26	27	28	29	30		23/30	24/31	25	26	27	28	29							