LOS ANGELES UNIFIED SCHOOL DISTRICT PASSENGER LIST

DATE_____

Driver's Name _____ Route # _____ Bus # _____ Company _____

STUDENT'S NAME	AGE	SEX	ADDRESS	PARENT'S NAME	HOME PHONE ALT. PHONE	STOP # AND LOCATION	RECEIVING SCHOOL

FORM 78.276 (2/93) DISTRIBUTION: Make Copies for Bus Driver and TA NB:3:27