

CHILD BUS SAFETY EDUCATION SIGN-OFF

<input type="checkbox"/> Program _____	
<input type="checkbox"/> Bus safety video viewed _____	<input type="checkbox"/> Pedestrian safety video viewed _____
<input type="checkbox"/> Verbal safety discussion _____	<input type="checkbox"/> TS read Bus Safety book with children Date: _____
<input type="checkbox"/> Driver Signature _____	
<input type="checkbox"/> Date _____	<input type="checkbox"/> Teacher Signature _____

PARENT BUS SAFETY EDUCATION SIGN-OFF

<input type="checkbox"/> Program _____	
<input type="checkbox"/> Pedestrian safety video viewed _____	
<input type="checkbox"/> Verbal safety discussion _____	
<input type="checkbox"/> Driver Signature _____	<input type="checkbox"/> Teacher Signature _____
<input type="checkbox"/> Date _____	