

SCHOOL BUS EVACUATION CERTIFICATION

***SCHOOL BUS DRIVER**_____

***SCHOOL BUS NUMBER**_____

NUMBER OF CHILDREN ON BUS_____

TIME: **FRONT DOOR EVACUATION**_____

REAR DOOR EVACUATION_____

FRONT-REAR EVACUATION_____

***SIGNED:** **SCHOOL BUS DRIVER**_____

TRANSPORTATION DIRECTOR_____

DATE: _____

***THIS IS TO CERTIFY THAT ALL STUDENTS ENROLLED AT _____ WERE EVACUATED _____
FROM THE ADAIR COUNTY SCHOOL BUSES.**