

**Weslaco Independent School District
Special Education Department / Fax # (956) 969-6965**

Attachment X

SHARS Special Transportation Log

Teacher's Name: _____

School Code: _____

Month: _____

Year: _____

Name	D.O.B.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MSCS Use Only		
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1. Please mark an X in the specific box to indicate if the student rode the bus to school and home.
2. Please use the following when needed: A=Absent, D=Dropped off, P=Picked Up, W=Weekend.
3. Please use the comment lines provided to explain why boxes are left blank (include student's name in case there is more than one student you are referring to).
 4. The names on this form should only be of those students that are in your class. Please do not include the names of other students not in your class.
 5. Before submitting this form be sure that all the information is provided accurately. (teacher name, student's name, date of birth, and teacher signature).

****Any incomplete forms will be returned.**

If you have a special situation or have any questions regarding SHARS procedures on special transportation, please contact Paula Delgadillo 969-6918 ext. 302.

Teacher's Signature: _____

Date: _____

Comments: _____