

Elkhart and St. Joseph Counties Head Start Consortium Head Start Staff/Transportation Manifest Reconciliation Checklist AM Classroom

SITE/SCHOOL:								DATE:		
								M T W TH F (circle)		
		BUS #:	BUS #:	BUS #:		BUS #	t:	BUS #:		
BUS ARRIVAL TIME:BUS AR		BUS ARRIVAL TIME:	BUS ARRIVAL TIME:			ME:	BUS ARRIVAL TIME:			
Med Bags (given to) HS Staff Initial	Bus #	C	child's Name	^HS Staff Signature		Med Bags (given to) Monitor Initial	Bus #	^HS Staff Signature		
(*)Denotes Child Must Have Med Bay				that you have received the child or placed the				TOTAL CHILDREN:		
TOTAL MED BAGS:						TOTAL MED BAGS:				
HS Staff Sweep:										

Signature