In-District
School Bus Evacuation Drills Certification Form

This form must be completed and signed by the principal or designee of each school and program location, including charter schools, receiving school bus transportation service. A copy of this completed form must be forwarded to the school district transportation department. Charter schools are considered *In-District*.

DISTRICT _____

SCHOOL _____
<center>(No Abbreviations)</center>

MSID # _____ PRINCIPAL _____

The school principal or designee must record the dates of the two required school bus evacuation drills conducted during the school year. Please include the number for each bus that serves the school. Copy this form if additional space is needed.

School Bus Number, First Semester (20 _ _ - _ _)	Date First Semester Evacuation Drill Performed	School Bus Number, Second Semester (20 _ _ - _ _)	Date Second Semester Evacuation Drill Performed
Total Number of Buses		Total Number of Buses	

Signature _____ Title _____

Print Name _____Date _____

Out-of-District
School Bus Evacuation Drills Certification Form
(Evacuation drills for students attending out-of-district schools)

This form must be completed and signed by the transportation director (or designee) of the home district and/or the principal (or designee) of each out-of-district school. A copy of this completed form must be forwarded to the transportation department of the school district that is providing transportation.

DISTRICT PROVIDING TRANSPORTATION _____

OUT-OF-DISTRICT SCHOOL _____
(No Abbreviations)

MSID # _____ PRINCIPAL _____

The responsible party or designee must record the dates of the two required school bus evacuation drills conducted during the school year. Please include the number for each bus that serves the school. Copy if additional space is needed.

School Bus Number, First Semester (20 _ _ - _ _)	Date First Semester Evacuation Drill Performed	School Bus Number, Second Semester (20 _ _ - _ _)	Date Second Semester Evacuation Drill Performed
Total Number of Buses		Total Number of Buses	

Signature _____ Title _____

Print Name _____ Date _____

School Bus Evacuation Drills
Corrective Action Plan

District _____   MSID # _____

School/Program Name _____
                                              (No Abbreviations)

A CAP may apply to multiple schools if the schools had identical deficiencies. In this case, identify all of the applicable schools above.

Summary of Deficiencies:

Corrective Actions:

Person(s) Responsible:

Anticipated Completion Date:

Signature _____ Title _____

Print Name _____Date _____