

ELIGIBLE RIDER ROSTER

DISTRICT NAME: _____ **COUNTY DISTRICT NUMBER:** _____

SCHOOL YEAR: _____ **ROUTE IDENTITY:** _____

- PROGRAM/SUBPROGRAM:**
- REGULAR CURRICULUM/ACADEMIC
 - SPECIAL HOME-TO-SCHOOL/SCHOOL-TO-HOME
 - (PLACE X IN APPROPRIATE BOX) SPECIAL AUXILIARY/EXTENDED SCHOOL YEAR
 - C&T REGULAR C&T SPECIAL
 - PRIVATE REGULAR PRIVATE SPECIAL

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