

**ELIGIBLE RIDER ROSTER/OFFICIAL HEADCOUNT RECORD
(REGULAR PROGRAM - HOME TO SCHOOL/SCHOOL TO HOME)**

DISTRICT NAME & CDN: ANYWHERE ISD / 222333 SCHOOL YEAR: 2010-2011

SCHOOL MONTH & DATE OF COUNT: OCT / 14

ROUTE IDENTITY: ELEM 1 A.M. P.M. MIDDAY (PRE/KINDER)

(PLACE X IN APPROPRIATE BOX)

	Student Name	Haz (✓)	Campus or Grade Level	Student Count A=Absent P=Present
1	Aranda, Michael	<input type="checkbox"/>	3 rd	A
2	Brown, David	<input checked="" type="checkbox"/>	4 th	P
3	Crockett, Lisa	<input type="checkbox"/>	3 rd	P
4	Davila, Erica	<input checked="" type="checkbox"/>	2 nd	P
5	Hughes, Danny	<input type="checkbox"/>	4 th	P
6		<input type="checkbox"/>		
7		<input type="checkbox"/>		
8		<input type="checkbox"/>		
9		<input type="checkbox"/>		
10		<input type="checkbox"/>		
11		<input type="checkbox"/>		
12		<input type="checkbox"/>		
13		<input type="checkbox"/>		
14		<input type="checkbox"/>		
15		<input type="checkbox"/>		
16		<input type="checkbox"/>		
17		<input type="checkbox"/>		
18		<input type="checkbox"/>		
19		<input type="checkbox"/>		
20		<input type="checkbox"/>		
21		<input type="checkbox"/>		
22		<input type="checkbox"/>		
23		<input type="checkbox"/>		
24		<input type="checkbox"/>		
25		<input type="checkbox"/>		
26		<input type="checkbox"/>		
27		<input type="checkbox"/>		
28		<input type="checkbox"/>		
29		<input type="checkbox"/>		
30		<input type="checkbox"/>		
31		<input type="checkbox"/>		
32		<input type="checkbox"/>		
33		<input type="checkbox"/>		
Column A Count Subtotal (2+/Comb):				2 / 4

	Student Name	Haz (✓)	Campus or Grade Level	Student Count A=Absent P=Present
34		<input type="checkbox"/>		
35		<input type="checkbox"/>		
36		<input type="checkbox"/>		
37		<input type="checkbox"/>		
38		<input type="checkbox"/>		
39		<input type="checkbox"/>		
40		<input type="checkbox"/>		
41		<input type="checkbox"/>		
42		<input type="checkbox"/>		
43		<input type="checkbox"/>		
44		<input type="checkbox"/>		
45		<input type="checkbox"/>		
46		<input type="checkbox"/>		
47		<input type="checkbox"/>		
48		<input type="checkbox"/>		
49		<input type="checkbox"/>		
50		<input type="checkbox"/>		
51		<input type="checkbox"/>		
52		<input type="checkbox"/>		
53		<input type="checkbox"/>		
54		<input type="checkbox"/>		
55		<input type="checkbox"/>		
56		<input type="checkbox"/>		
57		<input type="checkbox"/>		
58		<input type="checkbox"/>		
59		<input type="checkbox"/>		
60		<input type="checkbox"/>		
61		<input type="checkbox"/>		
62		<input type="checkbox"/>		
63		<input type="checkbox"/>		
64		<input type="checkbox"/>		
65		<input type="checkbox"/>		
66		<input type="checkbox"/>		
Column B Count Subtotal (2+/Comb):				0 / 0

Signature & Date of Count: David Driver Date: 10-14-10
(Driver/Person Conducting Count)

Total Column A & B: 2 / 4