SCHOOL BUS EMERGENCY EVACUATION DRILL
VERIFICATION FORM (T-8)

SCHOOL: _____ School Year: _____ Semester: FALL/SPRING

I verify that all students who ride school buses were instructed in the proper procedure for evacuating a bus safely.

_____ _____
Date Signature

DRIVER NAME	BUS NO.	EVAC TIME	NO. IN DRILL

When completed please fax this form, along with the T7 form, to the Transportation Dept. (Fax # 6793)