2019-2020

STUDENT BUS SAFETY TRAINING VERIFICATION

School _____ Principal's Signature _____

Date of Completion _____

By signing I acknowledge that all of my students have participated in Bus Safety Training.

Teacher's Printed Name	Signature

Please email this form to bobby.blakley@whitley.kyschools.us by the end of the second week of each school year. *I do not need student signature sheets.* Teachers, please make sure all new students watch the video and receive instruction on bus safety.