

SCHOOL DISTRICT OF PHILADELPHIA TRANSPORTATION SERVICES SCHOOL BUS/CAB PERFORMANCE REPORT	WEEK OF:	DO NOT SEND THIS REPORT UNLESS THERE IS AN ARRIVAL PROBLEM!
NAME OF SCHOOL:	SCHOOL CODE:	

DIRECTIONS:

- TO HELP US PROVIDE YOU WITH THE QUALITY OF SERVICE TO WHICH YOUR STUDENTS ARE ENTITLED, THIS REPORT MUST BE COMPLETED WHEN THERE IS A SERVICE PROBLEM.
THE COMPLETED REPORT SHOULD BE SUBMITTED WEEKLY TO THE SCHOOL DISTRICT OF PHILADELPHIA, TRANSPORTATION SERVICES, 440 NORTH BROAD STREET PHILADELPHIA PA. 19130 3rd Floor, Suite 311
- USE ONE REPORT FOR EACH BUS/CAB ROUTE THAT SERVICES YOUR SCHOOL.
- THE REPORT MUST HAVE THE SIGNATURE OF A SCHOOL ADMINISTRATOR.

PLEASE COMPLETE ALL BLOCKS										
DATE	NO -SHOW		LATE ARRIVAL A.M.			LATE ARRIVAL P.M.				
	A.M.	P.M.	ARRIVAL DUE TIME	TIME ARRIVED A.M.	MINUTES LATE	ARRIVAL DUE TIME	TIME ARRIVED P.M.	MINUTES LATE		

REMARKS:

	SIGNATURE OF SCHOOL ADMINISTRATOR: (Invalid Unless Signed)
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