

The School District of Philadelphia Summary of Free Student TransPasses

School Name & UCLS: _____
 School Loc #: _____
 Month & Year: _____

A. Summary of Student TransPasses Received for the Month

	Date on Passes	# of Passes Received from Initial Delivery	# of Passes Received from Additional Delivery
Week of:			
Week of:			
Week of:			
Week of:			
Week of:			
	Total:		

Total Received for the Month:

B. Summary of Student TransPasses Distributed by Week

	Date on Passes	# of Eligible Students	# Distributed	# Undistributed
Week of:				
Week of:				
Week of:				
Week of:				
Week of:				
	Total:			

Total to be Returned:

Preparer's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

*** The eligibility lists from Compass for the dates listed above are to be attached to this form and retained in the school for 7 years. This form should be made available when requested by appropriate School District personnel.*

(Rev. 4/20/17)