Elementary School Transportation Assistance Program

School _____ Year _____

Go Pass Service Record

Family Name	No. of Students	Number of Go Passes/Rides Issued and Amount Collected For													
		Jan		Feb		Mar		Apr		May		June		Total	

Date _____ Principal _____

School Year Summary

Total Go Passes/10 Rides/2 Ride Disposable Received (a) _____

Total Go Passes/10 Rides/2 Ride Disposables Sold (b) _____

Total Go Passes/10 Ride/2 Ride Disposables Donated (c) _____

Total Empty Go Passes/10 Rides Returned/2 Ride Disposables Left at Year End (d) _____

(a-b-c=d)