



Transportation Department
Emergency School Bus Evacuation Drill School Form
School Level Certification Form

School District: Alachua School Name: _____

School Year: _____ Semester: 1st ☐ 2nd ☐ Month: _____ Year: _____

To be completed by the school principal, then filed at the Transportation Department office for review by the Department of Education during on-site visits.

This school performed the required bus evacuation drills for the most recent semester.

All Bus #'s Serving School Show both sub bus # and regular bus # if applicable	Date Evacuation Drill was Performed	All Bus #'s Serving School Show both sub bus # and regular bus # if applicable	Date Evacuation Drill was Performed

Principal/Designee: _____
(signature)

Total # of Buses: _____

Principal/Designee: _____
(print or type)

Date: _____