

St. Lucie County Public Schools
Transportation Department
Substitute Information

Date of Absence: _____

Bus #: _____

Driver: _____

Sub: _____

Aide: _____

TIME OFF: **AM** **PM** **ALL DAY**

Substitute's Name: _____

AM Departure Time: _____

PM Departure Time: _____

P.M. Line up at Schools

1. _____

2. _____

3. _____

4. _____

5. Activity Run/ School _____ Time _____

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