**I.E.D MONSEÑOR AGUSTÍN GUTIÉRREZ**

**FORMATO DE SEGUIMIENTO EN EL PROYECTO APOYO AL SERVICIO DE TRANSPORTE ESCOLAR**

**ESTUDIANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADO: \_\_\_\_\_\_\_\_\_**

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| **FECHA** | **RUTA** | **ESTADO DEL VEHÍCULO** | **DESCRIPCIÓN DE LA ACTIVIDAD** | **PLANILLA DE TRANSPORTE** | **ESTUDIANTES TRANSPORTADOS** | **HORA DE LLEGADA** | **HORA DE SALIDA** | **OBSEVACIONES** |
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