**Załącznik Nr 1 do umowy nr ZP/……………../2024 z dn. ………………. r.**  
*w sprawie dowozu i odwozu uczniów niepełnosprawnych z terenu Gminy Siechnice do placówek oświatowych w roku szkolnym 2024/2025*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sprawozdanie miesięczne z dowozów i opieki Trasa nr** **1 , Trasa nr 2, Trasa nr 3, Trasa nr 4, Trasa 5 w miesiącu** .................................. **r.** | | | | | | | | | | | | | | | | | | |
| Lp. | Nazwa i adres placówki | Nazwisko i imię ucznia | Rodzaj  przejazdu | Data | Data | Data | Data | Data | Data | Data | Data | Data | Data | Data | Data | Data | Data | Razem liczba przejazdów | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | poranny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| powrotny |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

Podpis kierowcy …………………… Podpis opiekuna ……………………… Pieczęć firmowa wykonawcy ………………………………………..

\*Wykonawca jest zobowiązany do zachowania w tajemnicy danych osobowych i adresowych dowożonych uczniów oraz nie przekazywanie ich osobom postronnym,   
zgodnie z ustawą o *ochronie danych osobowych* z dnia 29 sierpnia 1997 r. (Dz. U. z 2015 r. poz. 1309 z późn. zm.).