**Harmonogram dowozu dzieci i młodzieży niepełnosprawnej do przedszkoli, szkół i ośrodków
za .........................**

 *(miesiąc)*

| **L.p.** | **Data** | **Godzina kontroli** | **Marka samochodu** | **Nr rejestracyjny** | **Uwagi** |
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 *podpis dyrektora*