

Student Conduct Report

TF017

Date of Misconduct: _____ Time: _____ Route No.: _____
YYYY / MM / DD

Driver's Name: _____

Bus Operator's Name: _____

Name of Student: _____

Name of School: _____

REASON FOR REPORT

- | | | |
|---|---|---|
| <input type="checkbox"/> Eating on Bus | <input type="checkbox"/> Bullying * | <input type="checkbox"/> Smoking * |
| <input type="checkbox"/> Throwing Objects | <input type="checkbox"/> Assault * | <input type="checkbox"/> Swearing at driver * |
| <input type="checkbox"/> Foul Language | <input type="checkbox"/> Vandalism * | <input type="checkbox"/> Under influence of alcohol * |
| <input type="checkbox"/> Excessive Noise | <input type="checkbox"/> Possession of a weapon / restricted drug * | |
| <input type="checkbox"/> Other (Specify) | * Must fill out a Safe Schools Incident Report at school | |

Details and Comments of Incident: _____

SCHOOL USE

Action Taken Yes No

SPECIFIC ACTION

- | | |
|---|--|
| <input type="checkbox"/> Meeting with Student | <input type="checkbox"/> Meeting with Parent |
| <input type="checkbox"/> Telephones Parents | <input type="checkbox"/> Meeting with Driver |
| <input type="checkbox"/> Suspend Bus Privileges | <input type="checkbox"/> Other (Specify) |

Comments _____

(Principal Signature)

(Date)

(Parent/Guardian Signature)

(Date)

- Note:
- A Copy of this report is to be returned to the driver as soon as possible
 - Response to the submission of a bus report should take place no later than five (5) days after the report is received
 - A signed copy by the Parent/Guardian must be kept for school records