

**Report of Student Misconduct On Bus**

**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)  | <b>* Must fill out a Safe Schools Incident Report at school</b>     |                                                       |

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