SCHOOL BUS CONDUCT REPORT

For minor offenses, driver must contact parent and document such prior to generating a disciplinary school referral.

AM_____ PM_____

STUDENT'S NAME _____GRADE_____ DATE_____

BUS DRIVER_____BUS #_____SCHOOL_____

Dear Parent/Guardian:

All students who ride school buses are subject to transportation rules and regulations that are established for the safety of every student. Maintaining proper conduct on the school bus must be a joint effort on the part of students, parents, bus drivers and school officials. Misbehavior on the part of a student, which distracts the driver from his/her operation of the vehicle, jeopardizes the safety of all passengers. Riding is a privilege, and it can be taken away. The offenses and dispositions are located in the student handbook. Your child has been cited for an infraction of the rules and regulations as indicated below.

OFFENSES

(1) Failure to remain seated
(2) Refusing to obey driver
(3) Profanity
(4) Possession /Use of tobacco
(5) Fighting
(6) Throwing objects on bus
(7) Improper/dangerous conduct: Loading or unloading
(8) Improper physical conduct
(9) Disrespect of driver/monitor
(10) Excessive noise
(11) Vandalism
(12) Unsafe items
(13) Eating/Drinking
(14) Discarding trash
(15) Possession or use drugs/alcohol/weapons
(16) Extending object or body outside window
(17) Other disruptive behavior

Driver's Comments: _____

_____

Parent/Guardian contacted by driver _____ Date_____ Time_____Type_____

++++++++++++++++++++++++ **Below Information to be completed by School Administration** ++++++++++++++++++++++++

Offense (School administrator should circle) 1 2 3 4 5 6 7 8

RESOLUTION OPTIONS FOR ADMINISTRATION (NOT LIMITED TO THE OPTIONS LISTED)

_____Warning _____Detention/_____Days _____ Parent Conference
_____Restitution _____Bus Discipline Contract _____ Other_____
_____Suspended from bus _____Days-Start Date_____End Date_____ Date of Return _____

Administrator's Infinite Campus Information

Event Name/Type: _____Location: _____Administrator: _____
Behavior Role: O_ P_ V_ W_ Behavior Resolution: _____
Parent / Guardian Contacted:_____Date of Contact: _____Time of Contact: _____

SIGNATURES

Driver:_____Student:_____

Administration:_____Parent:_____

Original – School Administration / Copy – Transportation / Copy – Driver / Copy – Parent