

BUS CONDUCT REPORT	STUDENT'S NAME		CLASS-GRADE
	DATE OF INCIDENT	<input type="checkbox"/> 1ST NOTICE	<input type="checkbox"/> 2ND NOTICE <input type="checkbox"/> 3RD NOTICE
	BUS NUMBER	TRIP NO.	DRIVER'S NAME

NOTICE TO PARENT/GUARDIAN

**1. The purpose of this report is to inform you of a disciplinary incident involving the student on the school bus.
2. You are urged to both appreciate the action taken by the driver and to cooperate with the corrective action initiated today.**

DRIVER'S REPORT:

- | | | |
|--|--|--|
| <input type="checkbox"/> VIOLATION OF SAFETY PROCEDURES | <input type="checkbox"/> HARASSMENT-BULLYING | <input type="checkbox"/> EATING-DRINKING-LITTERING |
| <input type="checkbox"/> DESTRUCTION OF PROPERTY-VANDALISM | <input type="checkbox"/> EXCESSIVE MISCHIEF | <input type="checkbox"/> RUDE-DISOURTEOUS-ANNOYING |
| <input type="checkbox"/> FIGHTING-PUSHING-TRIPPING | <input type="checkbox"/> SMOKING | <input type="checkbox"/> UNACCEPTABLE LANGUAGE |

PRELIMINARY ACTION:

- CHECKED STUDENT'S FOLDER
 HELD CONFERENCE WITH STUDENT
 CONSULTED COUNSELOR
 TELEPHONED PARENT

PRESENT ACTION AND RECOMMENDATION(S):

- | | |
|---|--|
| <input type="checkbox"/> STUDENT REGRETFUL, COOPERATIVE | <input type="checkbox"/> PLACED ON PROBATION |
| <input type="checkbox"/> RECURRENCES WILL BE REPORTED | <input type="checkbox"/> SUSPENDED |
| <input type="checkbox"/> DENIED BUS PRIVILEGE UNTIL _____ | <input type="checkbox"/> REFERRED TO: _____ |

Driver's Signature: _____ Administrator's Signature: _____ Date: _____

If a check is entered in this box, Parent please sign and return: _____
 Parent's Copy - White Office Copy - Pink Driver's Copy - Yellow

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