

BUS CONDUCT REPORT Fairfield Community School District	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	<input type="checkbox"/> AM <input type="checkbox"/> PM	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"/> EXCESSIVE MISCHIEF <input type="checkbox"/> EATING-DRINKING-LITTERING <input type="checkbox"/> DESTRUCTION OF PROPERTY <input type="checkbox"/> BULLYING <input type="checkbox"/> RUDE-DISOURTEOUS-ANNOYING <input type="checkbox"/> FIGHTING-PUSHING-TRIPPING <input type="checkbox"/> SMOKING <input type="checkbox"/> UNACCEPTABLE LANGUAGE <input type="checkbox"/> _____ _____ _____			
PRELIMINARY ACTION: <input type="checkbox"/> CHECKED STUDENT'S FOLDER <input type="checkbox"/> HELD CONFERENCE WITH STUDENT <input type="checkbox"/> CONSULTED COUNSELOR <input type="checkbox"/> TELEPHONED PARENT <input type="checkbox"/> _____ _____ _____		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: _____ <input type="checkbox"/> _____ _____ _____	

(DRIVER'S SIGNATURE)

Parent's Copy - White

(ADMINISTRATOR'S SIGNATURE)

Office Copy - Yellow

(DATE)

Transportation Copy - Pink

Driver's Copy - Gold

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