



Office of Student Transportation Bus Conduct Report

(Please Print)

School Name _____ Bus Number _____

Bus Driver/Attendant Name _____ Date of Incident ___/___/___ Check one - AM PM Noon Trip

Student Name _____ Grade _____

Notice to Parent/Guardian

1. The purpose of this report is to inform you of an incident involving your child on the school bus.
2. Please review and discuss this report with your child.

School Bus Expectations

1. Follow directions from the driver the first time they are given.
2. Stay in your seat at all times while the bus is in motion.
3. For your safety, all parts of your body must remain inside the bus.
4. Keep hands, feet, legs, arms, personal property, and your voice to yourself.
5. Eating, drinking, lighting combustible materials, or unacceptable language are not allowed at any time.

Bus Driver's/Attendant's Report

Description of Incident/Student Behavior _____

Description of Prior Action of Driver/Attendant _____

Signature of person accepting form at school _____ Date submitted ___/___/___ Bus Driver/Attendant's Signature _____

Action Taken by School Administration (Check the Appropriate Box(es))

- | | |
|---|--|
| <input type="checkbox"/> Conference with student date ___/___/___ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Telephoned parent date ___/___/___ | <input type="checkbox"/> Student denied bus privilege for _____ days |
| <input type="checkbox"/> Incident Report Completed | beginning ___/___/___ ending ___/___/___ |
| <input type="checkbox"/> Office Discipline Report Completed | (note ODR/IR required for this action). |

Administrator's Signature _____ Date ___/___/___

Distribution: White - Parent Canary - Transportation Pink - School Goldenrod - Return to Driver after action taken