

BUS DISCIPLINE REPORT:

Student's Name	School	Bus Number	Date/Time of incident
----------------	--------	------------	-----------------------

Please check all applicable items:

- | | |
|--|---|
| <input type="checkbox"/> Smoking/Lighting matches or lighter | <input type="checkbox"/> Fighting, Roughhousing |
| <input type="checkbox"/> Vandalism to bus/property | <input type="checkbox"/> Inappropriate Language/Gestures |
| <input type="checkbox"/> Insubordination/Defiance | <input type="checkbox"/> Throwing objects in, at, or from the bus |
| <input type="checkbox"/> Indecent behaviour | <input type="checkbox"/> Possession or use of alcohol or drugs |
| <input type="checkbox"/> Making a mess on the bus | <input type="checkbox"/> Possession of unauthorized material |
| <input type="checkbox"/> Riding a school bus not assigned to | <input type="checkbox"/> Other |
| <input type="checkbox"/> Creating a disturbance that interferes with the safe operation of the bus | |
| <input type="checkbox"/> Bullying/Harassment of driver or students | |

DRIVERS REPORT (if required please print on additional pages)

Driver (Print Name)	Signature	Date
---------------------	-----------	------

Bus Discipline Report

ACTION TAKEN: COORDINATOR'S REPORT

Student Name: _____

___ Verbal Warning ___ 1st Offence ___ 2nd Offence

___ 3rd Offence ___ Immediate Suspension ___ Other (Provide details)

Parent Name(s) _____ Home Phone _____

___ Student issued warning (verbal) ___ Held conference with student/parent

___ No action to be taken at this time ___ Consulted with school

___ Student issued written warning ___ Checked student's folder

___ Parent/Guardian contacted

___ Student issued suspension on all routes from (dates) _____ to _____

