

Bus Conduct Report

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

Driver's Report

Please check all applicable items:

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

Additional notes:

Driver (Print Name) Signature Date

Coordinator's Report

Action Taken:

- Verbal Warning 1st Offence 2nd Offence 3rd Offence
 Immediate Suspension other (Provide details)

Parent/Guardian _____ Contact Phone Number _____

Additional Notes:

School Report

Action Taken:

- Student issued a warning (written/verbal) Contacted Parent/Guardian
 Checked Student's Folder Held conference with student/Parent/Guardian
- Student suspended from all School District No.8 School busses (dates)
From: _____ To _____

Additional Notes:
