

**Student Conduct Report**

**TF017**

Date of Misconduct: \_\_\_\_\_ Time: \_\_\_\_\_ Route No.: \_\_\_\_\_  
 YYY Y / MM / DD  
 Driver's Name: \_\_\_\_\_  
 Bus Operator's Name: \_\_\_\_\_  
 Name of Student: \_\_\_\_\_  
 Name of School: \_\_\_\_\_

**REASON FOR REPORT**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Eating on Bus    | <input type="checkbox"/> Bullying *                                 | <input type="checkbox"/> Smoking *                    |
| <input type="checkbox"/> Throwing Objects | <input type="checkbox"/> Assault *                                  | <input type="checkbox"/> Swearing at driver *         |
| <input type="checkbox"/> Foul Language    | <input type="checkbox"/> Vandalism *                                | <input type="checkbox"/> Under influence of alcohol * |
| <input type="checkbox"/> Excessive Noise  | <input type="checkbox"/> Possession of a weapon / restricted drug * |   |
| <input type="checkbox"/> Other (Specify)  | <b>* Must fill out a Safe Schools Incident Report at school</b>     |   |

Details and Comments of Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOL USE**

**Action Taken** Yes  No

**SPECIFIC ACTION**

- |   |  |
|---|--|
| <input type="checkbox"/> Meeting with Student   | <input type="checkbox"/> Meeting with Parent |
| <input type="checkbox"/> Telephones Parents     | <input type="checkbox"/> Meeting with Driver |
| <input type="checkbox"/> Suspend Bus Privileges | <input type="checkbox"/> Other (Specify)     |

Comments \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Principal Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Parent/Guardian Signature)

\_\_\_\_\_  
 (Date)

- Note:
- A Copy of this report is to be returned to the driver as soon as possible
  - Response to the submission of a bus report should take place no later than five (5) days after the report is received
  - A signed copy by the Parent/Guardian must be kept for school records