

SCHOOL BUS INCIDENT REPORT

No passenger will stop me from driving a safe bus. No passenger will stop the other passengers from having a safe trip.

STUDENT'S NAME _____ **SCHOOL** _____ **ROUTE** _____ **BUS COMPANY** _____

Offense(s)

- | | | |
|---|---|---|
| <input type="checkbox"/> Noisy/Disruptive | <input type="checkbox"/> Weapons / Firearms | <input type="checkbox"/> Alcohol / Drugs |
| <input type="checkbox"/> Standing/Getting out of seat | <input type="checkbox"/> Defiance of Driver | <input type="checkbox"/> Eating or Drinking |
| <input type="checkbox"/> Bothering/Endangering others | <input type="checkbox"/> Fighting | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Throwing Objects | <input type="checkbox"/> Obscene Language | <input type="checkbox"/> Misuse of Windows |
| | <input type="checkbox"/> Smoking | <input type="checkbox"/> Other |

Driver's Action:

- | | | | | |
|---|---------------------------------|----------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Spoken to Student | 1 time <input type="checkbox"/> | 2 times <input type="checkbox"/> | 3 times <input type="checkbox"/> | More <input type="checkbox"/> |
| <input type="checkbox"/> Student moved to assigned seat | Today <input type="checkbox"/> | Date _____ | | |
| <input type="checkbox"/> Reported to Teacher on Duty | Date _____ | | | |

Other/Comments: _____

Number of previous incident reports for this student. 1 2 3 4

Driver's Signature: _____ **Date:** _____

School Action Section

- Principal's Action:**
- | | |
|---|--|
| <input type="checkbox"/> Spoke with Student | <input type="checkbox"/> Spoke with Parent |
| <input type="checkbox"/> In School Discipline | <input type="checkbox"/> Bus Suspension |

Other: _____

Principal's Signature: _____ **Date:** _____

PLEASE FAX BACK TO APPROPRIATE BUS COMPANY