

|  |   |   |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
|--|---|---|---------------|------------------|---|---|--|--|----------------------------------|---|--|----------------------------------|--|--------------------------|--|--|
| <b>BUS CONDUCT REPORT</b><br><br>CARROLLTON EXEMPTED VILLAGE SCHOOL DISTRICT   | STUDENT'S NAME                              |   | CLASS-GRADE   | DATE OF INCIDENT |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
|  | BUS NO.                                     | TRIP NO.  | DRIVER'S NAME |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
| <b>NOTICE TO PARENTS</b>   |   |   |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
| 1. The purpose of this report is to inform you of a disciplinary incident involving the student on the school bus.<br>2. You are urged to both appreciate the action taken by the driver and to cooperate with the corrective action initiated today.  |   |   |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
| <b>DRIVER'S REPORT:</b>  |   |   |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> VIOLATION OF SAFETY PROCEDURES</td> <td style="width: 33%;"><input type="checkbox"/> EXCESSIVE MISCHIEF</td> <td style="width: 33%;"><input type="checkbox"/> EATING - DRINKING - LITTERING</td> </tr> <tr> <td><input type="checkbox"/> DESTRUCTION OF PROPERTY</td> <td><input type="checkbox"/> WRITING</td> <td><input type="checkbox"/> RUDE - DISCOURTEOUS - ANNOYING</td> </tr> <tr> <td><input type="checkbox"/> FIGHTING - PUSHING - TRIPPING</td> <td><input type="checkbox"/> SMOKING</td> <td><input type="checkbox"/> UNACCEPTABLE LANGUAGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> |   |   |               |                  | <input type="checkbox"/> VIOLATION OF SAFETY PROCEDURES | <input type="checkbox"/> EXCESSIVE MISCHIEF | <input type="checkbox"/> EATING - DRINKING - LITTERING | <input type="checkbox"/> DESTRUCTION OF PROPERTY | <input type="checkbox"/> WRITING | <input type="checkbox"/> RUDE - DISCOURTEOUS - ANNOYING | <input type="checkbox"/> FIGHTING - PUSHING - TRIPPING | <input type="checkbox"/> SMOKING | <input type="checkbox"/> UNACCEPTABLE LANGUAGE | <input type="checkbox"/> |  |  |
| <input type="checkbox"/> VIOLATION OF SAFETY PROCEDURES  | <input type="checkbox"/> EXCESSIVE MISCHIEF | <input type="checkbox"/> EATING - DRINKING - LITTERING  |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
| <input type="checkbox"/> DESTRUCTION OF PROPERTY   | <input type="checkbox"/> WRITING            | <input type="checkbox"/> RUDE - DISCOURTEOUS - ANNOYING   |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
| <input type="checkbox"/> FIGHTING - PUSHING - TRIPPING   | <input type="checkbox"/> SMOKING            | <input type="checkbox"/> UNACCEPTABLE LANGUAGE  |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
| <input type="checkbox"/>   |   |   |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |
| <b>PRELIMINARY ACTION:</b><br><input type="checkbox"/> CHECKED STUDENT'S FOLDER<br><input type="checkbox"/> HELD CONFERENCE WITH STUDENT<br><input type="checkbox"/> CONSULTED COUNSELOR<br><input type="checkbox"/> SENT PREVIOUS REPORT HOME<br><input type="checkbox"/> TELEPHONED PARENT<br><input type="checkbox"/> _____<br>_____<br>_____   |   | <b>PRESENT ACTION AND RECOMMENDATIONS:</b><br><input type="checkbox"/> STUDENT REGRETS INCIDENT, COOPERATIVE <input type="checkbox"/> STUDENT PLACED ON PROBATION<br><input type="checkbox"/> RECURRING INCIDENTS WILL BE REPORTED <input type="checkbox"/> STUDENT SUSPENDED<br><input type="checkbox"/> STUDENT DENIED BUS PRIVILEGE UNTIL _____ <input type="checkbox"/> CASE REFERRED TO: _____<br><input type="checkbox"/> _____<br>_____<br>_____ |               |                  |   |   |  |  |                                  |   |  |                                  |  |                          |  |  |

\_\_\_\_\_  
 DRIVER'S SIGNATURE

\_\_\_\_\_  
 ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_  
 DATE