

Student Incident Report



Student Name: _____ School: _____

Route #: _____ Time: _____ Driver: _____

INFRACTION

Date: _____ Time: _____

Location: _____

INCIDENT TYPE

- | | | | |
|--------------------------------|--------------------------|---------------------------------|--------------------------|
| Safety: | <input type="checkbox"/> | Excessively loud or disruptive: | <input type="checkbox"/> |
| Swearing: | <input type="checkbox"/> | Fighting: | <input type="checkbox"/> |
| Throwing objects out window: | <input type="checkbox"/> | Violence towards driver: | <input type="checkbox"/> |
| Moving while bus in operation: | <input type="checkbox"/> | Failure to show pass: | <input type="checkbox"/> |
| Vandalism: | <input type="checkbox"/> | Others: _____ | <input type="checkbox"/> |

DESCRIPTION OF EVENTS

CORRESPONDENCE

Fax to: _____ Date: _____

Principal: _____ Time: _____

Action Taken:

- | | | |
|--------------------------|---|--------------------------|
| 1 st Offence: | 1 day suspension of riding privileges | <input type="checkbox"/> |
| 2 nd Offence: | 3 day suspension of riding privileges | <input type="checkbox"/> |
| 3 rd Offence: | 5 day suspension of riding privileges | <input type="checkbox"/> |
| 4 th Offence: | Suspension of all riding privileges for the remainder of the school term. | <input type="checkbox"/> |

Should another action be taken, please list below and return a copy of this report to the Transportation Department, Fax: (604) 534-8129.
