



Transportation Infraction Form

Bus Route:	Date:	Time of Incident:
Bus Driver:	Driver Signature:	

Student Name: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ Phone: _____

This student has violated the rules checked below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Throwing objects out of bus | <input type="checkbox"/> Failure to remain seated |
| <input type="checkbox"/> Refusing to obey driver | <input type="checkbox"/> Throwing objects on bus | <input type="checkbox"/> Bothering others |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Throwing objects at bus | <input type="checkbox"/> Other: _____ |

Specific Circumstances: _____

Action Taken:

- 1st Citation 2nd Citation 3rd Citation 4th Citation
- Parent/Guardian notified. Date/time: _____
- Student Suspension. Dates – from: _____ to: _____
- Student may resume riding privileges on: _____

Supervisor Signature _____ **Date**

- | | | |
|--------------------------------------|---------------|--------------------------------------|
| <input type="checkbox"/> Powerschool | School | Parent/Guardian |
| <input type="checkbox"/> Email | | <input type="checkbox"/> Letter home |
| <input type="checkbox"/> Phone | | <input type="checkbox"/> Phone |