

# Eileen True, Assistant Supervisor of Transportation

# 55 Major McDonald Way • Wappingers Falls, NY 12590 • (845) 298-5225 • Fax (845) 298-5210

**bus conduct report**

(To be completed by Bus Driver or Bus Monitor and sent to School Administrator)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S T U D E N T I N F O R M A T I O N** | | | | |
| **Last Name:** | **First Name:** | **Grade:** | **School:** | **Bus #:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **I N C I D E N T I N F O R M A T I O N** | | | |
| **Date:** | **Time:** | **AM**  **PM** | **Driver or Monitor Name (print):** |

|  |
| --- |
| **DESCRIPTION OF INCIDENT (Be Specific):** |

|  |
| --- |
| **CORRECTIVE STEPS TAKEN (Include Dates) PRIOR TO THIS EVENT:** |

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| --- |
| **A D M I N I S T R A T I V E D I S P O S I T I O N** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **WARNING** |  | | |
|  | **ASSIGNED SEAT** |  | | |
|  | **LUNCH DETENTION** |  | | |
|  | **AFTER-SCHOOL DETENTION** |  | | |
|  | **PROBATION** |  | | |
|  | **IN-SCHOOL DETENTION** |  | | |
|  | **SUSPENSION FROM BUS** |  | | |
|  | **SUSPENSION FROM SCHOOL** |  | | |
|  | **OTHER** |  | | |
|  | **PARENT NOTIFICATION** |  | | |
|  | **CONFERENCE REQUESTED** | **PARENT** | **DRIVER** | **STUDENT** |

|  |  |
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|  |  |

**Administrator Date**