



Rainy River District Transportation Services Consortium

Student Behavior Report- F09

Student: _____ **School:** _____

Bus Route: _____ **Driver:** _____ **Date:** _____

This student has received _____ previous report(s).

Reason for report:

- | | |
|--------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Throwing objects |
| <input type="checkbox"/> Hanging out windows | <input type="checkbox"/> Foul Language |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Drugs, drinking on bus |
| <input type="checkbox"/> Damaging the bus | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Refusing to stay seated | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Excessive noise | |

Misbehaviour may result in loss of busing privileges for a specified time.

Details and Comments of Incident (To Be Completed By Driver):

Action Taken By Driver:

Dated:

Action Taken By School Administration:

<input type="checkbox"/> Disciplinary action taken by School Administration	<input type="checkbox"/> Bus privilege withdrawn. Specify:
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Dated:

Driver name (please print): _____

Driver Signature: _____ Contractor: _____

Principal Signature: _____

Driver/Operator must submit the Student Behaviour form to the school within 24 hours of the incident occurrence and fax a copy to: RRDS Consortium at 275-4975.

School Administration must submit a copy of the completed form to the **Operator, Parent/Guardian** and fax to the RRDS Consortium at 275-4975.