



### Bus Referral Slip

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_ Bus No.: \_\_\_\_\_

School: \_\_\_\_\_ Driver Name: \_\_\_\_\_

UNACCEPTABLE BEHAVIORS		
Mild	Moderate	Severe
_____ Standing or moving around while bus is in motion _____ Not following directions _____ Profanity _____ Unsafe Behavior _____ Delay of buses _____ Pushing, hitting or kicking _____ Other _____	_____ Bullying Behavior _____ Property damage on/off bus _____ Object outside of windows _____ Threats-Mild _____ Hazardous Objects _____ Physical Harm _____ Intimidation/Harassment _____ Other _____	_____ Illegal substances _____ Fighting/assault _____ Threats-severe _____ Racial/sexual harassment _____ Weapons _____ Blatant disrespect/defiance _____ Lewd conduct _____ Other _____
CONSEQUENCES*		
Mild	Moderate	Severe
1 <sup>st</sup> Offense - Verbal warning 2 <sup>nd</sup> Offense - Written warning 3 <sup>rd</sup> Offense - One day suspension	1 <sup>st</sup> Offense - Written warning 2 <sup>nd</sup> Offense - One day suspension 3 <sup>rd</sup> Offense - One week suspension	1 <sup>st</sup> Offense - One week suspension or permanent suspension 2 <sup>nd</sup> Offense - Permanent suspension

*\*Consequences are determined at the discretion of the bus driver and transportation supervisor and, depending on the severity of the behavior, more rigorous consequences may be imposed upon a first and/or second offense.*

Summary of Behavior/Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attention Parent/Guardian:** Please understand that any disciplinary action taken is done for the safety and wellbeing of all students and the bus driver. In order for your child/student to be allowed back on the bus, this incident report must be signed and dated below by you and presented to the bus driver by the student. Note that this form may be used in conjunction with any student discipline policy in place in the school setting.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: (please print) \_\_\_\_\_

*If you have any questions, please contact the Transportation Supervisor, Steve Templeton, at VL Transport Center at 509-937-4021. To obtain a copy of the applicable district policies and/or procedures, please contact the school office.*