# FORSYTH COUNTY SCHOOLS
*Quality Learning and Superior Performance for All*

## Bus Discipline Form

| Date Received From Administrator: | |
|---|---|
| Date From Returned to Driver: | |

*SECTION I*

| Student's Name: | School's Name: | Today's Date: |
|---|---|---|
| **Student's ID #:** *(school use only)* | **School's ID #:** *(school use only)* | **Route #:** |

| Sex: ☐ Male ☐ Female | **Total # of Referrals:** | **Date of Offense:** |
|---|---|---|
| **Grade:** | | |
| | Teacher's Name: | ☐ AM ☐ PM |
| Driver's Name: | | |

**Description of Offense--        (Be Specific):**

Authorization Signature, if applicable:

Copy of Parent Notification Form attached to Bus Discipline Form, If applicable.          ☐ Yes   ☐ No
*(not necessary when dealing with a major offense)*

## SECTION II (Driver's use only)        Previous Interventions Done By Driver

A check-off list is provided below as a check system to ensure all areas are covered, <u>if applicable</u>.

| Intervention Step: | Date Completed: |
|---|---|
| ☐ 1. Mandatory Seat Assignment | |
| ☐ 2. Verbal Reminder | |
| ☐ 3. Talked Privately With Student | |
| ☐ 4. Reassigned Bus Seat | |
| ☐ 5. Parent/Guardian Called | |
| ☐ 6. Parent/Guardian Notified In Writing (Parent Notification Form) | |
| ☐ 7. Bus Discipline Form Sent To School Administrator | |
| Reasons:   ☐ a. Behavior Escalates Beyond a Driver's Control | |
| ☐ b. Major Offense | |

## SECTION III Continued *(School Aministrator's Use Only)*

| Preliminary Action: | Present Action and Recommendations: |
|---|---|
| ☐ Checked Student's Folder | ☐ Student Regretful, Cooperative |
| ☐ Held Conference With Student | ☐ Recurrences Will Be Reported |
| ☐ Consulted Counselor | ☐ Placed on Probation |
| ☐ Telephoned Parent | ☐ Suspended |
| | ☐ Referred To: |
| | ☐ Denied Bus Privilege Until: |

**COMMENTS:**

| Student's Signature | |
|---|---|
| Parent's Guardian's Signature | |
| Administrator's Signature | |

Note: Parent/Guarudian-- Please sign and return copy of this form the following school day.

| Date Returned: | |
|---|---|