



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: Circle or check one

- | | |
|--|--|
| <input type="checkbox"/> Smoking/Vaping | <input type="checkbox"/> Throwing objects |
| <input type="checkbox"/> Hanging out windows | <input type="checkbox"/> Foul language |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Drugs/Paraphernalia/Drinking |
| <input type="checkbox"/> Damaging the bus | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Refusing to stay seated | <input type="checkbox"/> Failure to comply with seating assignment |
| <input type="checkbox"/> Excessive noise | <input type="checkbox"/> Failure to wear a mask/wear properly |
| <input type="checkbox"/> Other, (eating, spitting, garbage etc.) _____ | <input type="checkbox"/> Getting on/off at the wrong stop |

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

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 Bus privilege withdrawn.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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Driver name (please print): _____

Driver Signature: _____ Contractor: _____

Principal Signature: _____

Date: _____

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

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