St. Mary’s County Public Schools
Bus Conduct Report

Bus #: ___________________ Route #: ___________________ Date of Incident: ___________________ Time of Incident: ___________________

(Indicate if in a spare bus)

Student’s Name: ___________________________________________ Seat #: _______ Grade: _______ School: ______________________________

The student engaged in the following:

☐ Fighting – Hitting – Kicking – Tripping ☐ Refusal to Follow Directions ☐ Not sitting in Assigned Seat

☐ Unacceptable/Abusive Language ☐ Disrespect ☐ Not at the Bus Stop on Time

☐ Destruction of Property ☐ Disruption/Distracting Driver ☐ Getting off at the Wrong Stop

☐ Drugs/Controlled Dangerous Substance ☐ Throwing Objects ☐ Unsafe Behavior at the Bus Stop

☐ Harassment/Bullying ☐ Inappropriate Use of Electronics ☐ Other

Details of the Incident: ____________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Previous Action Taken By Driver/Attendant:

☐ Verbal Warning Date(s):

☐ *Changed Seat Assignment Date(s):

☐ Spoke with School Administrator Date(s):

☐ Previous Bus Conduct Reports Date(s):

☐ Other Date(s):

*Please indicate previous seat assignment and current seat assignment.

Details of Previous Action: _________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Driver/Attendant Name: ___________________________ Signature: ____________________________ Date: __________

Day/Time the Driver/Attendant Can Meet with the School Administrator: ____________________________

Administrator Action:

☐ Conference with Student, Date: ____________________________ ☐ Verbal Warning, Date: ____________________________

☐ Parent Contacted, Date: ____________________________ ☐ Student/Driver/Administrator Conference, Date: ____________________________

☐ Other: ____________________________ ☐ Bus Riding Privileges Suspended, Date(s): ____________________________

☐ Student Suspended from School, Date(s): ____________________________

Details of Administrator’s Action: _________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Administrator’s Signature: ____________________________ Date: __________

Required CC: Driver/Attendant
School
Parent/Guardian

Revised 7/31/17