



Illinois State Board of Education

100 North First Street, E-320
Springfield, Illinois 62777-0001

SCHOOL BUS - STUDENT CONDUCT REFERRAL FORM

FUNDING AND DISBURSEMENTS DIVISION

Instructions: Please complete this form and return to the school office.

NAME OF STUDENT (First, Middle Initial, Last)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE
NAME OF SCHOOL	DATE OF INCIDENT	TIME OF INCIDENT _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
LOCATION OF INCIDENT	BUS NUMBER	
DRIVER'S NAME	DATE REFERRED	

Driver's description of incident (attach additional information if needed):

Violation (**Check all that apply**):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Annoying / Rude | <input type="checkbox"/> Bullying | <input type="checkbox"/> Disobedience | <input type="checkbox"/> Disrespectful |
| <input type="checkbox"/> Drinking / Eating | <input type="checkbox"/> Excessive Mischief | <input type="checkbox"/> Fighting / Horseplay | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Littering | <input type="checkbox"/> Safety Procedure | <input type="checkbox"/> Tripping |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Other: _____ | |

Original Signature of School Bus Driver: _____ Date: _____

ADMINISTRATIVE USE ONLY

Action(s) taken (**Check all that apply**):

- | | | | |
|-------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Detention | <input type="checkbox"/> Loss of Ridership (may return) | <input type="checkbox"/> Parent(s) Contacted |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Suspended | <input type="checkbox"/> Other: _____ | |

Original Signature of Administrator: _____ Date: _____

- Administrator's Copy
 Driver Copy
 File Copy
 Parent Copy
 Transportation