

STUDENT TRANSPORTATION OF PEEL REGION **STOPR**

DRIVERS: Please submit two copies of report to the principal and retain one copy for your records.

TFL001

BUS DRIVER REPORT TO PRINCIPAL

Student name: _____ Bus Company: _____

School: _____ Bus Route: _____

Date of Incident: _____ # of previous reports re; this student: _____

NATURE OF INCIDENT:

| | |
|---------------------------------|-----------------------------|
| Abusive language | Fighting |
| Damage to bus | General misbehaviour |
| Eating or drinking | Smoking/Vaping |
| Excessive noise | Throwing an object |
| Failure to remain seated | Other |

ADDITIONAL DETAIL REGARDING INCIDENT:

DRIVER ACTION:

Driver signature

Date

ACTION TAKEN BY PRINCIPAL:

Principal signature

Date

PRINCIPALS: Please return one completed report to the driver and retain the other for your records

White and yellow copies – to Principal
Pink – to be kept by the Driver
Yellow – returned to Driver once Principal has signed