

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:

<input type="checkbox"/>	Abusive language	<input type="checkbox"/>	Fighting
<input type="checkbox"/>	Damage to bus	<input type="checkbox"/>	General misbehaviour
<input type="checkbox"/>	Eating or drinking	<input type="checkbox"/>	Smoking
<input type="checkbox"/>	Excessive noise	<input type="checkbox"/>	Throwing an object
<input type="checkbox"/>	Failure to remain seated	<input type="checkbox"/>	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