# Student Safety Violation Report

Student Name: _____ Grade: _____ School: _____

Bus# _____ Date of Incident: _____ Appr oximate Time: _____ AM or PM

Driver Name : _____

Driver Initiated Attempts to resolve , circle all that have been utilized:
Verbal Direction Change of Seat Met with Student Other: __ ____ _____

Check off the Applicable Boxes that best describe the student Violation

| | | |
|---|---|---|
| Standing while bus is moving | Obstructing Aisle | Eating/Drinking |
| Not Seated Safely | Excessive Noise | Taking Pictures/Video Recording |
| Improper Crossing | Inappropriate Language/Gestures | Delaying of Bus, explain below |
| | Problem w/ Peers | |
| Horseplay, Spitting, Biting, Pushing, Tripping | Vandalism <$100 (restitution req) | Verbal Confrontation |
| Throwing objects | Theft | Danger Zone Violation |
| | Tampering w/ bus equipment | |
| Fighting/Assault | Tobacco/Vaping (use or possession) | Threat to staff/student |
| Interfering w/ Driver | Throwing Objects & Hitting Others | Restricted Items/Materials |
| Vandalism >$100 (restitution required to continue bus service) | Laser/Strobe Lights | Racial Slur/Comments |
| | Sexual Harassment | |