



BUS CONDUCT REPORT
 SELINGSGROVE AREA SCHOOL DISTRICT
 401 N. 18th Street
 Selinsgrove, Pa. 17870



STUDENT'S NAME:	GRADE:
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DATE OF INCIDENT:	FYI	1 ST NOTICE	2 ND NOTICE	3 RD NOTICE	_____ NOTICE
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BUS NO. Rohrer Sharitz	SEAT NO.	Check One: AM or PM	_____ PRINT DRIVER'S NAME:
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DRIVER'S REPORT:		
VIOLATION OF SAFETY PROCEDURES DESTRUCTION OF PROPERTY FIGHTING-PUSHING-TRIPPING DEFIANT TO DRIVER	EXCESSIVE MISCHIEF SMOKING OBJECT OUT WINDOW OTHER:	EATING-DRINKING-LITTERING RUDE-DISOURTEOUS UNACCEPTABLE LANGUAGE

Driver's Report:

_____ (Driver's Signature)	_____ (Date)
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School Use Only

This report has been investigated and resolved on: _____

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