

<b>Ingram Independent School District Transportation Department</b>  <b>367-4535</b>	<b>Bus Referral Notice</b>
<b>Student's Main Campus</b>  <input type="checkbox"/> ITM High School    367-4111 <input type="checkbox"/> Middle School        367-4012 <input type="checkbox"/> Elementary            367-5751	Student's Name _____ Grade _____ Teacher _____ Date of Incident _____ AM    PM RT # _____ Driver/Aid _____ This is Referral number..... 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>

**The purpose of this report is to inform you of an incident involving your student and to serve as the required parent notice for a violation of the student code of conduct.**

**REASON FOR REFERRAL**

Student needs to stay seated   
  Horse Playing   
  Fighting   
  Throwing Objects  
 Profane Language/Gestures   
  Vandalism   
  Tobacco   
  Hanging out of window

**Other Reason / Driver note**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Person Referring** \_\_\_\_\_

**ACTION TAKEN AS PER DISTRICT POLICY & PROCEDURES:**

- 1<sup>st</sup> Verbal warning to student. Parent called.
- 2<sup>nd</sup> 1 Day suspension
- 3<sup>rd</sup> 3 Day Suspension from all buses
- 4<sup>th</sup> 5 Day Suspension from all buses
- 5<sup>th</sup> 10 Day Suspension from all buses
- 6<sup>th</sup> Suspended from all buses—remainder of school year
- Other \_\_\_\_\_

**Parent Please sign and Return** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Transportation Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Principal/School Authority Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_