

BAY CITY PUBLIC SCHOOLS TRANSPORTATION DEPARTMENT

BUS REFERRAL SLIP

Student _____ School _____ Grade _____

Date ____/____/____ Bus Number# _____ AM/MID/PM Driver _____

Reason for referral: _____

Corrective efforts prior to referral: _____

*******DRIVERS DO NOT WRITE BELOW THIS LINE*******

MINOR REFERRAL WARNING: (AUTOMATIC WARNING TO 4 DAYS OFF THE BUS)

___ Eating/Drinking/Littering on bus ___ Throwing objects/things ___ Insubordination ___ Nuisance Device ___ Other
___ Failure to cross in front of the bus ___ Swearing/Profanity ___ Bullying ___ Failure to remain seated/bus in motion

MAJOR REFERRAL: (AUTOMATIC 5- 10 DAYS OFF THE BUS TO EXPULSION)

___ Arson ___ Physical Assault ___ Battery ___ Bomb Threats ___ Verbal Assault ___ Drugs/Alcohol ___ Ethnic Harassment
___ Sexual Harassment ___ False use of Emergency Exits ___ Fighting ___ Vandalism (Pay restitution) ___ Weapons ___ Other
___ Gross Misconduct ___ Use of Tobacco Products/Smoking/Electronic Smoking Devices ___ Persistent Disobedience ___ Theft

Additional days off the bus are progressive and cumulative!

3 Major referrals = Minimum 30 days/Rest of the school year. Referral number: _____

Principal/Administrator
Comments: _____

Parent/Guardian Contact Time _____ Date _____ Initials _____

Principal /Designee Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

NOTE: IF a student loses bus service because of discipline problems, it is the parents' responsibility to transport the student to and from school. Failure to do so during the withdrawal of service will be considered an unexcused absence. The intention is not to punish or to deny anyone transportation service. The intention is to provide the safest and most pleasant student transportation service possible. Consequences will be superseded by the school code of conduct.