

<p>Ingram Independent School District Transportation Department</p> <p>830-955-8549</p>	<p>Bus Referral Notice</p>
<p>Student's Main Campus</p> <p><input type="checkbox"/> ITM High School 830-955-8546</p> <p><input type="checkbox"/> Middle School 830-955-8548</p> <p><input type="checkbox"/> Elementary 830-955-8547</p>	<p>Student's Name _____</p> <p>Grade _____ Teacher _____</p> <p>Date of Incident _____ AM PM</p> <p>RT # _____ Driver/Aid _____</p> <p>This is Referral number.....</p> <p style="text-align: center;">1st 2nd 3rd 4th 5th 6th</p>

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

Referring _____ Person

ACTION TAKEN AS PER DISTRICT POLICY & PROCEDURES:

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

Parent Please sign and Return_____

TransportationCoordinator_____ **Date**_____