

Prince George's County Public Schools
Upper Marlboro, Maryland 20772

REVOCATION NOTICE
LONG TERM *LONG TERM*
SCHOOL BUS RIDING PRIVILEGE

TO: _____
Parent or Guardian *Date*

Address *School*

Region

Home Phone *Work Phone* *Birth Date* *Grade*

RE: _____
Pupil's Name *Student Number*

REASONS FOR SUSPENSION FROM BUS:

- | | | |
|---|---|--|
| <input type="checkbox"/> Throwing objects from bus 01 | <input type="checkbox"/> Eating or drinking on bus 02 | <input type="checkbox"/> Too loud or boisterous 03 |
| <input type="checkbox"/> Smoking or lighting matches 04 | <input type="checkbox"/> Throwing or shooting objects 05 | <input type="checkbox"/> Standing when seats are available 06 |
| <input type="checkbox"/> Using foul or abusive language 07 | <input type="checkbox"/> Fighting on bus 08 | <input type="checkbox"/> Head, arms, or legs out windows 09 |
| <input type="checkbox"/> Consistent tardiness to bus stop 10 | <input type="checkbox"/> Damaging bus 11 | <input type="checkbox"/> Misconduct at bus stop 12 |
| <input type="checkbox"/> Other 99 | | |

This is to confirm the suspension of your (son) (daughter) from the privilege of riding the school bus as of _____, 20____. Total number of days the privilege is revoked: _____.
(month, day, year)

It will be necessary for you to have a conference at school regarding the privilege of riding the school bus before your (son) (daughter) may regain their school bus transportation privileges. Therefore, we are making a tentative appointment for you to come to school at (time) _____ on (date) _____. If you cannot come at the time indicated above, please call (name) _____ at (phone number) _____ to arrange for another appointment. If we do not hear from you to the contrary, we will expect you at the time indicated above.

Following the conference that will be scheduled for you concerning this suspension, if you wish a review of the decision(s) that result from the conference, you may do so in writing to the Director for Pupil Services, Prince George's County Public Schools, 14201 School Lane, Upper Marlboro, Maryland 20772, within ten days.

Be advised that during the time of the bus suspension the parent(s) or guardian(s) must assume the responsibility to transport the pupil to and from school.

Principal's Signature *Date* *Phone Number*
cc: _____
Pupil Personnel Worker *Transportation Supervisor*

This form is to be used for suspensions of bus riding privileges for 10 or more days.

- White Copy: To be sent to parent
- Blue Copy: To be given to pupil for transmittal to parent
- Green Copy: Pupil Personnel Worker
- Canary Copy: Cumulative Folder
- Pink Copy: School Administrator
- Goldenrod Copy: Transportation Supervisor via Bus Driver