Report of a School Bus Driver Failing to Remain on Bus Resulting in a Pupil Being Left Unattended

N.J.S.A. 18A:39-27

Every owner/operator of a school vehicle shall immediately inform the Administrator or Principal of the receiving school and the Chief School Administrator of the District Board of Education providing for the transportation of their designee following an incident in which it has been determined that the assigned school bus operator failed to remain within their student transportation vehicle to assure no pupil(s) was left unattended as per N.J.S.A. 18A:39-27. School District or School Bus Contractor personnel who discover, or to whom the incident is reported, that a school bus driver failed to remain within their student transportation vehicle resulting in a pupil being left unattended shall immediately report the incident to the owner/operator of the vehicle.

The chief school administrator or their designee shall complete the Report of a School Bus Driver Failing to Remain on Bus Resulting in a Pupil Being Left Unattended Report prescribed by the Commissioner of Education and submit the completed report electronically to the Executive County Superintendent.

The Executive County Superintendent shall electronically submit the completed Report of a School Bus Driver Failing to Remain on Bus Resulting in a Pupil Being Left Unattended Report and all related reporting to the NJ DOE Office of Student Transportation and the Office of School Bus Safety.

Transportation Provider County: Transportation Provider District:

Resident County: Resident District: School Bus Owner:

Date of Incident (mm/dd/yy): Time of Incident: Location of Incident:

Driver First Name: Driver Last Name:

Driver S.S. # (last 4 digits): Driver DL #:

(If Applicable): Aide First Name: Aide Last Name:

Aide S.S.# (last 4 digits):

Student First Name: Student Last Name:

Student Injured? Yes ☐ No ☐

Nature of Student Injury(s):

(Note: If More Than One Student is Involved List Additional Names in Narrative of the Description of Incident)

Police Notified? ☐ Yes ☐ No Police Case Number:

Name of Police Department:

Executive County Superintendent Notified? ☐ Yes ☐ No

Date Reported to Executive County Superintendent (mm/dd/yy):

DCF Institutional Abuse Notified: ☐ Y ☐ N Date: Name of Person Contacted:

Description of Incident: (Include the Outcome of the Initial Investigation/Action Taken by District)

Internal Actions Taken by District or Contractor:

Name, Email, Phone Number of Person Completing Form: