

**TRUMBULL BOARD OF EDUCATION/TRANSPORTATION DEPARTMENT**  
6254 Main Street  
Trumbull, Connecticut 06611  
Telephone: (203)452-4321  
Fax: (203)452-4327

**TRANSPORTATION ACTION REPORT**

**Contact/Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Telephone #(s):**    **home:** \_\_\_\_\_    **work:** \_\_\_\_\_    **cell:** \_\_\_\_\_

**Description:**(check one)     **incident**                       **inquiry**     **request**

**Date of incident:** \_\_\_\_\_

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(The sections below are to be completed by the Trumbull Board of Education.)

**Driver's Report:**

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**Preliminary Action:**

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**Final Conclusion:**

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\_\_\_\_\_ **Date**

\_\_\_\_\_ **Administrator's Signature**

\*Please mail the completed form to the above address or fax to the number listed above.

