File #_____

Wenatchee School District
Safety & Security Department

Student Contact – Transport Report

Date: _____ **Time:** _____ **Officer:** _____

Requesting Staff: _____ **School:** _____

Student Name: _____ **DOB:** _____ **Age:** _____ **Grade:** _____

Address: _____

Person Contacted/Released to: _____ **Relation:** _____

Type and Reason of Contact/Transport:

Trans. to School ☐ **Trans. Home** ☐ **Trans. to Juvenile/CCRJ** ☐ **Health/Welfare** ☐ **Other** ☐

EEX ☐ **Suspended** ☐ **Illness** ☐ **Missed Bus** ☐ **Truant** ☐ **Arrested** ☐ **Other** ☐

Details: _____

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Staff Signature **Date**