
AURORA PUBLIC SCHOOLS
August 1993
Revised October 2002
Reviewed October 2007

APS Code: EEBA-1-E

NOTIFICATION OF TRAFFIC VIOLATION

The following information is provided by the below named driver to comply with the requirements of District policy EEBA.

Driver's Full Name: _____

Driver's Address: _____

_____ () _____
City State Zip Phone Number

Driver's License No.: _____ State: _____

Date of Alleged Violation: _____ Citation No.: _____

Vehicle Operated (check one):

Personal District Vehicle License No. _____

Other (describe): _____

Location of Offense: City/Town/County: _____ State: _____

Nature of Violation: _____

Disposition of Case (pending, bail, forfeiture, conviction with fine and/or loss of license, unconditional discharge, etc.):

Date of Conviction, guilty plea or plea of nolo contendere (if that has occurred as of the date of report):

Driver's Signature: _____ Date: _____