BISD BUS SAFETY PRESENTATIONS REQUEST

BISD Transportation Department

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE of Presentation (2):

1. BUSTER Bus Safety Presentation

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: Cafeteria/ Gym

Number of students: \_\_\_\_\_\_ 9:45 am/10:20 am (PK thru 1st)

Number of students: \_\_\_\_\_\_ 10:30 am/11:15 am (2nd & 3rd)

1. Bus EVACUATION Safety Procedures\*\* (9:45 am/10:30 am)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: Cafeteria/ Gym

Number of students:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4th & 5th Grade

1. Career Day: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Career on Wheels: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus Safety Request must be submitted a minimum of **10** working days prior to the selected date.

* + Please submit Bus Safety Request via email ONLY to [asaldana@bisd.us/](mailto:asaldana@bisd.us/) glongoria1@bisd.us
  + NO other requests will be accepted.