



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)**

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

Date: _____

Location: Cafeteria/ Gym

Number of students: _____ **4th & 5th Grade**

3. Career Day: Date: _____ **Time:** _____

4. 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 glongoria1@bisd.us AND sasaldana@bisd.us
- NO other requests will be accepted.