

2024-25 NATIONAL SCHOOL BUS SAFETY POSTER CONTEST

Please complete and attach this form to the back of each poster in accordance with poster specifications noted in the contest rules.

PRINT CLEARLY

Student Name _____
Grade _____ Age _____ Division _____
School _____
School Address _____
City _____ State _____ Zip _____
Teacher's Name _____
Student's Home Address _____
City _____ State _____ Zip _____

Do not place this information on the front of the poster. Display on the back only.

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