Texas Association for Pupil Transportation
www.tapt.com

2027 Required Contact Information (revised: 10-24-26)

PLEASE PRINT CLEARLY.

This completed form must be securely attached to the back of your poster.

Student Name:_____Grade:_____

School Full Name:_____

School Mailing Address: _____

District Name: **Keller Independent School District** Student Age: _____

Teacher Name:_____Phone #:_____

Teacher email:_____

Transportation Director Name: **Ken Harcrow**

Transportation Director Email: **Ken.Harcrow@kellerisd.net**

District mailing address: **Keller ISD Business Division, 11300 Alta Vista Rd, Fort Worth, TX 76244**

Phone Number: **817-744-3950**

Superintendent Name: **Dr. Cory Wilson**

District website: **www.KellerISD.net** Region ESC: **11**

Poster Division:_____

Parent/Guardian Name:_____Cell:_____

Student/Parent Address:_____

State/National Winner Information:
Please select prize payment preference:

☐ Mail prize money to the school address.

☐ Mail prize money to the student/parent address.

Thank you for participating and promoting school bus safety!