

Kansas State Department of Education School Bus Safety Unit DVD Request Form



YOUR E-MAIL ADDRESS: _____

Contact Person _____

USD#/Company _____

Street Address _____

City _____ State KANSAS Zip Code _____

Phone Number (____) _____ Cell Number (____) _____

Video #	DVD Title	Date You Plan on Showing	KSDE USE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Please submit requests 3 weeks prior to your show date to:

Kansas State Department of Education
 School Bus Safety Unit
 900 SW Jackson, Suite 356
 Topeka, KS 66612
 Save this DVD Order Form as an attachment and
 Email to: SchoolBusVideo@ksde.org
 or you may fax the form to: 785-296-6659

For Additional Information or Questions

Contact:
 Annette Blevins
 785-296-3551
SchoolBusVideo@ksde.org