

THIS FORM MUST BE ON THE BACK OF THE POSTER
NATIONAL SCHOOL BUS SAFETY POSTER CONTEST
2024-25 Entry Blank Form

Print or type information, cut off and securely glue to the back lower left hand corner of the poster

STUDENT NAME _____
GRADE _____ AGE _____ DIVISION _____
SCHOOL _____
TEACHER'S NAME _____
TEACHER'S EMAIL _____
SCHOOL PHONE # _____
SCHOOL ADDRESS _____
CITY _____ STATE _____ ZIP _____
STUDENT HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____

2024-25 Contact Person Form

Print or type information, cut off and securely glue to the back lower right hand corner of the poster

CONTACT PERSON'S NAME:	CONTACT PERSON'S POSITION:
CONTACT PERSON'S ADDRESS:	
CONTACT PERSON'S PHONE #:	
CONTACT PERSON'S E-MAIL:	
ENTERING SCHOOL'S NAME:	
ENTERING SCHOOL'S ADDRESS:	
ENTERING SCHOOL'S PHONE #:	
SCHOOL DISTRICT NAME:	