



Kansas State Department of Education School Transportation 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:
Sarah Harter
785-296-3551 SchoolBusVideo@ksde.org

Kansas leads the world in the success of each student.