

ASBSD Bus Pact form

If your school wishes to participate in the Bus Pact, complete and return the form at the bottom of this page.

- Email: Katie@asbsd.org
- Fax: 605-773-2501
- Mail: 306 E Capitol Ave., Pierre, SD 57501.

SCHOOL DISTRICTS WILL NOT BE INCLUDED IN THE LISTING UNLESS THE FORM IS RETURNED TO THE ASBSD OFFICE BY SEPTEMBER 11, 2015.

(School District) (School Phone)

1. _____
(Person to contact) (Emergency Phone #)
2. _____
(Person to contact) (Emergency Phone #)
3. _____
(Person to contact) (Emergency Phone #)
4. _____
(Person to contact) (Emergency Phone #)