



STUFF THE BUS

PARENT REQUEST FORM

Child's Name	Grade Level for '23-'24	Does your child need: Circle Yes or No			
		Backpack	Over the Ear Headphones (K-2)	Trapper Keeper (5-8)	Team (7-8)
		Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Yes / No	

Parent(s) or guardian(s) Name: _____

Address: _____

Phone Number: _____

Please return completed form to Amy Anderson with Community Bank of Pleasant Hill or
 email to: aanderson@cbphonline.net