INITIAL SCHOOL BUS DRIVER TRAINING CLASS
REGISTRATION FORM

This form must be completed and faxed to the Regional Office **no later than Sept. 23, 2020** - FAX: 815-297-9032

The 8 hour initial training class can be taken in lieu of the two hour refresher class if needed. The driver will need to be in attendance for the entire 8 hours for the class to qualify as the refresher training. The test is not required for the refresher training.

NOTE: PLEASE BRING YOUR LUNCH. DOORS WILL BE LOCKED AT START TIME. MASK IS REQUIRED.

BACK BUILDING, around back, transportation employee entrance.

LOCATION: **Freeport School District Bus Garage**

Saturday, Sept. 26, 2020

2037 West Galena Avenue, Freeport IL 61032

Time: 8:00am to 4:00 pm

Employer Name: _____

Employer Address: _____

City, State, Zip _____

Employer Phone: _____

Please complete all the information for each person attending.

***Driver must have an Illinois driver's license number**

EMPLOYEE NAME (Please Print)	IL DRIVER'S LICENSE #	DATE OF HIRE	INITIAL OR REFRESHER TRAINING (I / R)	*Cell phone number. If no cell, home number. MANDATORY CONTACT NUMBER TO REACH DRIVER IN CASE OF CANCELLATION OR CLASS LOCATION CHANGE.*