**SCHOOL BUS DRIVER REFRESHER TRAINING CLASS**
**REGISTRATION FORM**

This form must be completed and faxed to the Regional Office no later than JUNE 19 - FAX: 815-297-9032

# BUS REFRESHER CLASS

Date / Time of Class: **Monday, June 24, 2019 - 7:00pm-9:00pm (West Carroll HIGH school, Savanna IL)**

**Employer Name:** _____

**Employer Address:** _____

**City, State, Zip** _____

**Employer Phone:** _____

**Please complete all the information for each person attending.**

Training Fee: $ 10.00 per driver

| EMPLOYEE NAME<br>**PRINTED NAME REQUIRED** | Illinois DRIVER'S LICENSE #<br>PLEASE PRINT CLEARLY | DATE OF HIRE<br>mm/dd/yy | INITIAL OR REFRESHER TRAINING (I / R) |
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| EMPLOYEE NAME<br>**PRINTED NAME REQUIRED** | Illinois DRIVER'S LICENSE #<br>PLEASE PRINT CLEARLY | DATE OF HIRE<br>mm/dd/yy | INITIAL OR REFRESHER TRAINING<br>(I / R) |
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