INITIAL SCHOOL BUS DRIVER TRAINING CLASS
REGISTRATION FORM

This form must be completed and faxed to the Regional Office no later than 2 days prior to the class date - 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: DOORS WILL BE LOCKED AT START TIME.

BACK BUILDING, around back, transportation employee entrance.

LOCATION: **Freeport School District Bus Garage**

Feb 6 & 7, Weds & Thrus. Nights

2037 West Galena Avenue, Freeport IL 61032

Employer Name: _____

Employer Address: _____

City, State, Zip _____

Employer Phone: _____

Time: 6pm to 10pm.
Must added both nights to get 8 hour intial credit or refresher credit.

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.*