SCHOOL BUS DRIVER REFRESHER TRAINING CLASS
REGISTRATION FORM

This form must be completed and faxed to the Regional Office no later than JUNE 25 - FAX: 815-297-9032

BUS REFRESHER CLASS

Date / Time of Class: **Tuesday, June 30, 2020 - 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 **PRINTED NAME REQUIRED**	**Illinois DRIVER'S LICENSE # PLEASE PRINT CLEARLY**	**DATE OF HIRE mm/dd/yy**	**INITIAL OR REFRESHER TRAINING (I / R)**

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