ILLINOIS SCHOOL BUS DRIVER TRAINING
SCHOOL BUS DRIVER REGISTRATION SHEET

PLEASE PRINT

Directions: Please complete the form and return to the Regional Office of Education
414 Court Street, Pekin, IL 61554

DATE: _____ LOCATION: _____

CLASS (Check one): INITIAL REFRESHER

NAME: _____ _____ _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____ _____ _____
(STREET) (CITY/STATE) (ZIP CODE)

HOME PHONE NUMBER: (____) _____-_____

DRIVER'S LICENSE NUMBER: _____ LICENSE CLASSIFICATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____ _____ _____
(STREET) (CITY/STATE) (ZIP CODE)

EMPLOYER'S PHONE NUMBER: (____) _____-_____ CONTACT PERSON: _____

HAVE YOU RECEIVED A COPY OF THE ILLINOIS SCHOOL BUS DRIVER CURRICULUM: YES NO

SIGNATURE: _____

Receipt # _____ Check # _____