



**BUREAU, HENRY AND STARK COUNTIES
REGIONAL OFFICE OF EDUCATION
BUS TRAINING
REGISTRATION FORM**



BUS DRIVER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

CITY & STATE: _____ ZIP CODE _____ Employer PHONE _____

DRIVER'S LICENSE #: _____ Start Date _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

CITY ZIP CODE

⇒ **TRANSPORTATION DIRECTORS:** Please return this form at least five days prior to the course date along with \$10.00 fee payable to the Regional Office of Education for each registrant. For further information, call Kathy at (309) 936-7890. You will be billed for the class if you SIGN UP AND DO NOT ATTEND. We require 1 week cancellation notice.

Refresher Training

Initial Training

Date: _____

Location: _____

Regional Office of Education
107 South State Street
Atkinson, IL 61235
(309) 936-7890
Fax: (309) 936-1111