



**Bureau, Henry, and Stark Counties
Regional Office of Education #28
Bus Training Registration Form**



Bus Driver's Name: _____ Home Phone: _____

Driver's Address: _____

City: _____ State: _____ Zip code: _____

Driver's License #: _____

Employer: _____ Driver start date: _____

Employer Address: _____ Employer Phone: _____

City: _____ State: _____ Zip code: _____

★ **Transportation Directors:** Please return this form at least 5 days prior to the course date along with the \$10.00 fee for each registrant, payable to the Regional Office of Education. For further information, call Krystle Thomas at (309) 936-7890 or email at kthomas@bhsroe.org. 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: _____ Class location: _____

Regional Office of Education #28

107 South State Street

Atkinson, IL 61235

Phone: (309) 936-7890

Fax: (309) 936-1111

For Office Use Only

| | | | |
|-----------------------------|--|-------------------------|--|
| <i>Registration in IWAS</i> | | <i>Payment Received</i> | |
| <i>Certificate Issued</i> | | <i>Check #</i> | |