

TODAY'S DATE: _____

St. Clair County
School Bus Registration Form
INITIAL TRAINING

OFFICE USE ONLY
PAID:
INITIALS

DATE OF CLASSES:	
Session 1	Session 2
TIME OF CLASSES: 6:00 P.M – 10:00 P.M.(Both days)	
LOCATION: St. Clair Regional Office of Education 1000 South Illinois St. Belleville, IL 62220	
ALTERNATIVE LOCATION: _____	
LAST NAME:	
FIRST NAME:	
PHONE #:	
SOCIAL SECURITY #:	
DRIVER'S LICENSE #:	
EMPLOYER'S NAME: _____	
ADDRESS _____	
City _____	State _____ Zip _____
EMPLOYER'S COUNTY:	
EMPLOYER'S PHONE #:	HIRING DATE:
THIS \$10.00 FEE IS NON REFUNDABLE IF YOU DO NOT ATTEND THE CLASS.	
Please contact Melissa Shores @ (618) 825-3904 if you have any questions. Fax form to (618)825-3999	