

Submission Date:

# St. Clair County Regional Office of Education Request for Additional Bus Driver Class

To hold bus driver classes at a location other than the St. Clair Regional Office of Education please complete this form and fax to (618) 825-3999 or email Melissa Shores @ mshores@stclair.k12.il.us. **This should be submitted a month before the class date.** DO NOT schedule drivers for this class until you receive approval.

**COMPANY OR SCHOOL NAME:**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**TYPE OF CLASS REQUESTED**     **REFRESHER**     **INITIAL**

**ALTERNATIVE LOCATION**

\_\_\_\_\_

<p><b>DATES REQUESTED FOR INITIAL CLASS:</b></p> <p><b>SESSION 1</b></p> <p>_____ <b>TIME:</b> _____</p> <p><b>SESSION 2</b></p> <p>_____ <b>TIME:</b> _____</p>	<p><b>DATE REQUESTED FOR REFRSHER CLASS:</b></p> <p>_____ <b>TIME:</b> _____</p>
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**REASON FOR REQUEST**

\_\_\_\_\_

\_\_\_\_\_

**APPROVED**     **UNAPPROVED**

**Comments:**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Susan Sarfaty, Regional Superintendent**