|  |
| --- |
| 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 FEE IS NON REFUNDABLE IF YOU DO NOT ATTEND THE CLASS.** |
| Please contact **Christa Stoner @ (618) 825-3902** if you have any questions.  Email this form to cstoner@sccroe50.org |