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| DATE OF CLASS: |
| TIME OF CLASS: 6:00 P.M – 8:00 P.M.  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 forms to cstoner@sccroe50.org |