



100 North First Street
Springfield, Illinois 62777-0001

**ILLINOIS SCHOOL BUS DRIVER TRAINING
SCHOOL BUS DRIVER ATTENDANCE SHEET**

FUNDING AND DISBURSEMENTS DEPARTMENT

Directions: Please complete the form and return to the instructor.

DATE	LOCATION OF CLASS
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Type of Class (Check One):

- Initial Class Refresher Class

Type of Permit (Check One):

- First Division School Bus Permit Only School Bus Driver Permit

NAME (First, Middle, Last Name)	HOME/CELL PHONE NUMBER (Include Area Code)
HOME ADDRESS (Street, City, State, ZIP Code)	
DRIVER'S LICENSE NUMBER	LICENSE CLASSIFICATION
EMPLOYER'S NAME	DATE OF HIRE
EMPLOYER'S ADDRESS (Street, City, State, ZIP Code)	
EMPLOYER'S PHONE NUMBER (Include Area Code)	CONTACT PERSON

HAVE YOU RECEIVED A COPY OF THE ILLINOIS PROFESSIONAL SCHOOL BUS DRIVER TRAINING CURRICULUM?

- YES NO

HAVE YOU RECEIVED A COPY OF THE ILLINOIS PROFESSIONAL FIRST DIVISION SCHOOL BUS PERMIT HOLDER TRAINING CURRICULUM?

- YES NO

Original Signature of Driver

INSTRUCTOR:

PLEASE RETURN THIS FORM TO THE ROE, ALONG WITH THE OFFICAL IWAS SIGN-IN ROSTER FROM THE ROE.