*(Please duplicate as needed.)*

***AMA/COP/EUPISD School Bus Driver Training Consortium***

**Pupil Transportation Training Registration Form**

Please enter the following information requested accurately and completely. This information is necessary to insure our driver data base is up-to-date and accurate and that you get proper credit for the classes you complete for bus driver qualification.

**Please enter the date(s) of the class you are registering for on the appropriate line:**

DATE(S)

|  |  |
| --- | --- |
| BEGINNING SCHOOL BUS DRIVER (**BSBD**) |  |
| ADVANCED SCHOOL BUS DRIVER CONTINUING EDUCATION (**CEC**) |  |
| TRANSPORTATION SUPERVISOR CLASS (**SUPV**) |  |

**Name data must be exactly as shown on your driver's license. Please print legibly.**

|  |  |
| --- | --- |
| LAST NAME |  |
| FIRST NAME |  |
| MIDDLE NAME |  |
| HOME ADDRESS - STREET & # |  |
| CITY |  |
| ZIP CODE |  |
| PHONE NUMBER |  |

**The following information is required for class registration and issuance of qualification cards. Again, please be sure the information is accurate and legible.**

|  |  |
| --- | --- |
| DRIVER’S LICENSE # |  |
| DRIVER'S LICENSE EXPIRATION |  |
| DATE OF BIRTH |  |
| LOCAL SCHOOL DISTRICT or AGENCY |  |
| SCHOOL or AGENCY BILLING ADDRESS |  |
| INTERMEDIATE DISTRICT |  |
| \*WAGES PER HOUR RATE\* |  |

**\***The wage rate information is required for registration**. PLEASE PROVIDE THE TRAINING WAGE NOT THE WAGE RATE THE DRIVER WOULD BE PAID FOR DRIVING.** If you are not being paid to attend the class, enter your current wage rate and write in "unpaid".

**The signature below certifies that the above named school bus driver or transportation supervisor has met all of the prerequisites required for attendance in the class for which they are registering.**

|  |  |
| --- | --- |
| LOCAL DISTRICT SUPERINTENDENT OR DESIGNEE - Please Print Name and Title |  |
| PHONE NUMBER |  |
| ENTER TODAY'S DATE |  |
| SIGNATURE |  |
|  | Signature Required |

Mail or fax to: EUPISD, Attn: Tracy McCord, P. O. Box 883, Sault Ste. Marie, MI 49783

Fax # (906) 632-1125. Questions? Call (906) 632-3373, Ext. 104 TAAM 9-08