

# MICHIGAN SCHOOL BUS DRIVER SAFETY EDUCATION PROGRAM ENROLLMENT FORM

**NOTE: THIS FORM IS NOT FOR BEGINNERS BUS DRIVER SCHOOL**

**FAX or EMAIL: St. Clair County RESA / Fax# (810) 455-0105 / Email: Meredith.lisa@sccresa.org  
Attention: Lisa Meredith**

Please complete the following information as accurately as possible. This information is used for bus driver/supervisor certification and class expense reimbursement.

Please enter the date(s) of the correct type of class.

Advanced School Bus Driver Continuing Education	
Transportation Supervisor Class	

Name data must be exactly as shown on driver's license.

Last name	
First name	
Middle Name	
Address	
City & Zip	

The following information is required for certification.

Social Security #	
Drivers License #	
Date of Birth	
Local School District	
Intermediate District	
Wages Per Hour Rate	

The following information is for office use only.

Certification Date	
Certification Expiration Date	

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

Local District/Company	
Today's Date	
Supervisor's Signature	

**IMPORTANT**

**PLEASE RETAIN COPY FOR YOUR RECORDS**