

ILLINOIS SCHOOL BUS DRIVER TRAINING
SCHOOL BUS DRIVER ATTENDANCE SHEET

PLEASE PRINT

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

DATE: _____ LOCATION: _____

CLASS (Check one): INITIAL REFRESHER

NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____
(STREET) (CITY/STATE) (ZIP CODE)

HOME PHONE NUMBER: (____) ____-_____

DRIVER'S LICENSE NUMBER: _____ LICENSE CLASSIFICATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
(STREET) (CITY/STATE) (ZIP CODE)

EMPLOYER'S PHONE NUMBER: (____) ____-_____ CONTACT PERSON: _____

HAVE YOU RECEIVED A COPY OF THE ILLINOIS SCHOOL BUS DRIVER CURRICULUM: YES NO

SIGNATURE: _____

INSTRUCTOR: ATTACH TO THE APPROPRIATE 42-46B or 42-46C FORM.