



## BEGINNING SCHOOL BUS DRIVER COURSE ENROLLMENT FORM

This is to certify the following person has completed the standardized lessons as outlined in the Michigan Department of Education's School Bus Driver Pre-Requisite Training Program and, in my judgement, is prepared for enrollment into the Michigan Department of Education's Beginning School Bus Driver Course.

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School District Representative's Signature & Title

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Date

Last Name	
First Name	
Middle Name	
Driver's License Number	
School District Name AND Code	
Employer (If different than School District)	
Driver Hourly Rate of Pay	
Dates of Class	

**Cost:** \$90.00 "No Show Fee"

**Instructions:** Classes begin at 7:00 a.m. and end at 1:30 p.m. When this form is received, a Course Enrollment Card (white card) will be issued and is valid for 10 days after the completion date of the course. **Drivers will need this white card for admission to class.** Drivers must attend **all** classes and pass the test(s) given.

Send **Signed** Registration Form To:

Macomb I.S.D.  
Attn: Katie Hofford, Business Office 44001  
Garfield Road  
Clinton Township, MI 48038-1100  
Phone: 586-228-3352  
Fax: 586-286-8998  
E-Mail: khofford@misd.net