

MANDATED TRANSPORTATION SUPERVISOR COURSE ENROLLMENT FORM

School District Representative's Signature & Title

Date

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

Instructions: **Classes will be registered on-line through Wayne RESA's website.** There is no charge to Districts for this class. Classes must be completed before September 30th.

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