

**BEGINNING SCHOOL BUS DRIVER  
ENROLLMENT AND VERIFICATION FORMS**

PLEASE RETURN TO: Lynette Altman at [lynettealtman@kentisd.org](mailto:lynettealtman@kentisd.org)

Please enroll the following driver in the next new driver safety education class to be administered by Kent ISD. Please complete fully.

**PLEASE TYPE OR PRINT**

**Driver's Name:** \_\_\_\_\_ **SEX** (M)/(F)  
(Legal name as it appears on driver's license) (Circle One)

**Driver's Address:** \_\_\_\_\_  
(Street) (City) (Zip)

**Driver's Email Address:** (in case of virtual training) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver/Chauffeur License Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Employing School District:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Transportation Supervisor:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**School Address:** \_\_\_\_\_  
(Street) (City) (Zip)

**(FEE: NO COST) CLASS DATES REGISTERING FOR** \_\_\_\_\_

In order to properly fill out State Reimbursement forms at the end of the year, the following information is needed:

Is driver being paid to attend class? (YES) (NO) (Please circle one) Rate being paid: \$ \_\_\_\_\_

\*\*\*\*\*

**VERIFICATION  
BEHIND THE WHEEL PREREQUISITE TRAINING**

**INSTRUCTIONS:** All new school bus drivers **must** be taught to drive a school bus before enrolling in the **Beginning School Bus Driver Course**, beginning July 1, 1983. No person will be issued a **Certificate of Course Completion** until such person has completed the **School Bus Driver Training Program**. A copy of this completed form shall be presented to the approved education agency which conducts the **Beginning School Bus Driver Course** in your area when the **Enrollment Card** is requested. This verification should become a permanent part of the **school bus driver's file**.

This is to verify that \_\_\_\_\_ has completed the standardized lessons as outlined in the  
Name of New School Bus Driver Candidate

Michigan Department of Education's School Bus Driver Training Program and, in my judgement, is prepared to enter the Beginning School Bus Driver Course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Transportation Supervisor or Trainer)

Enrollment card will be mailed to the transportation supervisor listed above.

**FOR OFFICE USE ONLY**

- |  |                                      |
|--|--------------------------------------|
| 1. Fee Paid _____ N/A                      | 6. I.D. Number _____                 |
| 2. Check # _____ N/A                       | 7. Course Completion Card Date _____ |
| 3. Certificate of Enrollment _____<br>Date | 8. Test Score _____                  |
| 4. Enrollment Card Expiration _____        | 9. Card Expiration Date _____        |
| 5. Class Date _____                        |                                      |