## Will County Regional Office of Education

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**Dr. Lisa Caparelli-Ruff** Regional Superintendent

**Dr. John Sparlin**Assistant Regional Superintendent

## APPROVAL REQUEST FOR AN IN-HOUSE SCHOOL BUS DRIVER TRAINING CLASS

**** Drivers will require their phones	for the Refresher Course ****
**** Wi-fi Access Mandatory fo	or Class Locations ****
** Approval is requested to hold an IN-HO	USE Bus Driver Training Class. **
Additional drivers from other companies w	vill be allowed to attend all classes.
**** PLEASE SUBMIT A LIST OF YOUR DRIVER	S 7 DAYS PRIOR TO CLASS DATE ****
Date of Request://	
Type of Class: INITIAL:	EFRESHER:
Company Requesting:	
Address/Class Location:	
City/Zip Code:	Phone #:
Contact Person/Email:	
Class Date:	Time:
Instructor:	
Estimated Class Size:	
Max Class Size (No More Than 50 for Refreshers):	
TURE OF PERSON PREPARING REQUEST:	

Any questions, please reach out to Sara Fleszewski Bus Coordinator/Bookkeeper sfleszewski@willroe.org or 815-740-8360