

Will County Regional Office of Education

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Dr. Lisa Caparelli-Ruff
Regional Superintendent

Mr. Paul Preuss
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 for Class Locations *******

***** Approval is requested to hold an IN-HOUSE Bus Driver Training Class. *****

Additional drivers from other companies will be allowed to attend all classes.

******** PLEASE SUBMIT A LIST OF YOUR DRIVERS 7 DAYS PRIOR TO CLASS DATE ********

Date of Request: _____ / _____ / _____

Type of Class: INITIAL: REFRESHER:

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): _____

SIGNATURE OF PERSON PREPARING REQUEST: _____

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