

Bus Driver Certification Courses Registration Form

Course (circle one): Beginning (18 hrs) Continuing Education (6 hrs)

Please enroll the drivers for the program date and location as follows:

Course Date: _____ Location: _____

All information must be filled out to obtain proper reimbursement from the State of Michigan.

Complete Name	Driver's License Number	Hourly Rate*	Registration fee \$25	Amount Enclosed

TOTAL ENCLOSED: \$ _____

*NOTE: Please fill in the base hourly rate of pay for the driver. If you do not pay your driver to attend this class please indicate N/A in the hourly rate column.

Return completed form to: Continuing Education, Northern Michigan University, 1401 Presque Isle Avenue, Marquette, MI 49855; or Fax to (906) 227-2108. Please make check payable to Northern Michigan University, Continuing Education. **Registration will not be processed without payment.**

(please print)

School: _____ District Code No.: _____
 School Address: _____ Phone: _____
 Transportation Supervisor: _____ Email: _____
 City: _____ State: _____ ZIP: _____
 Authorization: _____ Date: _____

Cancellations must be made at least five working days prior to the program date, no refunds but payment will be transferred to another date or substitution.