

East Region's Payment Form
PRE-SERVICE SCHOOL BUS TRAINING PROGRAM

PLEASE CONTACT THE PRESERVICE SECRETARY TO BE SURE THERE IS A SPOT IN THE CLASS AND TO REGISTER.

Please PRINT legibly

Class Location: _____ Class Dates: _____ (Recerts attend Days 1, 4, & 5)

Name: _____ Phone no.: _____ Cert. date (mm/yy): _____ New RC van S

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Fees: New Driver \$85. Recert. \$60. NEW Van Driver \$60. Supervisor \$85.

___ New x \$85 ___ Recert. x \$60 ___ Van x \$60 ___ Supervisor x \$85 Total Fee: \$ _____

The _____ School District / Agency
(Name of School)

of _____,
Street Address City Zip

agrees to pay the above marked fee(s) for the Pre-Service School Bus Training Program.

Supervisor's Signature P.O. # _____ Dist/Agency Ck # _____
To be invoiced Check included

Make PO payable to and send copy along with this form to:

E.C.O.E.S.C. Preservice Dept. Or fax to 1-330-313-3645
834 East High Avenue
New Philadelphia, Ohio 44663

Please send either a PO# or a school/agency check. Do NOT send both.

If using a PO#, when invoiced, please mail payment to Treasurer's Office at the address on the invoice, not to the Preservice Office.

FEE IS NON-REFUNDABLE IF CANCELLATION IS NOT RECEIVED AT LEAST 48 HOURS IN ADVANCE (BY 10:00 A.M. TWO BUSINESS DAYS BEFORE THE FIRST DAY OF CLASS)

*"Helping schools help students."
Randy Lucas, Superintendent*

No registrations will be accepted without this Payment Form