

MANDATED TRANSPORTATION SUPERVISOR COURSE ENROLLMENT FORM

School District Representative's Signature & Tit	le	Date
Last Name		
First Name		
Middle Name		
Driver's License Number		
School District Name AND Code		
Employer (If different than School District)		
Dates of Class		

Instructions: Classes will be registered on-line through Wayne RESA's website. There is no charge to Districts for this class. Classes must be completed before September 30th.

Send **Signed** Registration Form To: Macomb I.S.D.

Attn: Katie Hofford, Business Office

44001 Garfield Road

Clinton Township, MI 48038-1100

Phone: 586-228-3352 Fax: 586-286-8998

E-Mail: khofford@misd.net