

Driver Program Cancellation Form

This form was developed in an effort to streamline enrollment cancellations in RTSI or Kalamazoo RESA transportation programs. Complete this form to Remove a driver or Change a program date for a driver who is currently enrolled in a transportation program. A confirmation letter will be sent for all program enrollment changes. You will be contacted by phone if your preferred class date is unavailable.

Employing District _____

District Phone Number _____

District Fax Number _____

Driver's Name _____
Last First Middle Initial

Driver's Social Security No. last 4 digits: XXX-XX-_____

Please indicate enrollment change the above employee from the following program(s)

"R" represents REMOVE "C" indicates CHANGE
Please circle the appropriate action

R C Beginning School Bus Driver Training Program Preferred Class Date _____
(A driver can receive one white Course Enrollment Card in their career.)

R C 6 Hour Advanced Continuing Education Course Preferred Class Date _____

R C Eaton Proving Ground Defensive Driving Course Preferred Class Date _____

R C C.D.L. Skills Test Appointment Preferred Skills Test Date _____

Remove Kalamazoo RESA Drug and Alcohol Consortium (Use Drug & Alcohol Testing Consortium form for changes)

Fax or mail this form to:

Kalamazoo RESA
Diane Thompson - Transportation
1819 East Milham Ave
Kalamazoo MI 49002
Phone (269) 250-9290
FAX (269) 250-9291

Transportation Supervisor's Signature - Date