

CHELMSFORD PUBLIC SCHOOLS

Procedure and Training Acknowledgement

I acknowledge that I have received, read and understand the “Multi-Function School Activity Bus (MFSAB) Procedures” and successfully completed the training video.

By signing below, I confirm that I will abide by the expectations, rules and regulations stated within the aforementioned procedures.

Signature

Date Job Position

Print Name in Full

Driver's License Number State
(Attach copy of your driver's license)

*Please submit completed form **AND** copy of driver's license to the Athletic Department.
Reservation will **NOT** be confirmed until both have been received.*