

SOUTH CAROLINA DEPARTMENT OF EDUCATION
SCHOOL BUS DRIVER TRAINING AND ADMISSION RECORD
(This form MUST accompany registrant/driver to class and be submitted to the instructor upon arrival.)
Registrant/driver MUST bring valid driver's license to class

This section to be completed by the registrant/driver

Name-LAST, FIRST, MIDDLE: **Phone #:** _____

Address1-Street Name, City, State, Zip: **County of Residence:** _____

Address 2-PO Box, City, State, Zip: **Sex:** M ☐ F ☐ **Race:** ☐ Amer. Ind., ☐ Asian, ☐ Blk., ☐ Cau., ☐ Hisp.

Date of Birth-M/D/Y: _____

Driver's License Info-State: **Driver's License #:** **Class:** _____

Restrictions: _____ **Endorsements:** _____ **Expiration Date:** _____

Do you possess a current CDL Permit? YES ☐ NO ☐

If YES, please complete the following: **State:** **Driver's License #:**

Class: _____ **Restrictions:** _____ **Endorsements:** _____ **Expiration Date:** _____

I certify that all information recorded above is true and accurate. I understand that any misrepresentation or omission of facts may result in my being disqualified from the school bus driver training program.

Date:
Registrant/Driver Name (please print) **Registrant/Driver Signature**

(This section to be completed by the transportation supervisor.)

School District Info: _____ **Driver's School:** _____
Name of School District Co./Dist. Code

Please mark an X beside the classroom training to be obtained:

_____ **Initial Classroom Training** – Initial classroom training denotes that the registrant is to attend the entire classroom training course as set forth by the South Carolina Department of Education consisting of a minimum of twenty (20) hours instruction by a SDE certified classroom instructor.

_____ **In-Service Classroom Training** See chart below to determine the module code(s) to be attended.

Module(s): _____ **Location:** _____ **Date:** _____ **Instructor:** _____
Code(s) Location of Instruction Date of Instruction Instructor's Name

Module(s): _____ **Location:** _____ **Date:** _____ **Instructor:** _____
Code(s) Location of Instruction Date of Instruction Instructor's Name

Please mark an X beside the primary position the applicant has/will have with school district:

_____ **Regular Route Driver** _____ **Substitute Driver** _____ **Teacher/Coach** _____ **Field Trip Volunteer**

Please mark an X beside the type of certificate to be obtained:

Type A _____ (SDE Bus – Commercial)

Type B _____ (District Activity Bus – Commercial)

Type C _____ (Private School Bus – Commercial)

Type B _____ (Non-Commercial Public School)

Type C _____ (Non-Commercial Private School)

The above named person is hereby recommended for admission into the school bus driver training program for the type of instruction indicated. The name, signature and date requested below are required for this form to be valid.

School District Transportation Supervisor (please print) **School District Transportation Supervisor Signature** **Date**

Code	Description	Code	Description	Code	Description
1	Module 1, Driver Responsibilities	6	Module 6, The People Factor	BE – 1	Bus Evacuation
2	Module 2, Operations	7	Transporting Students w/Special Needs, Regular Drivers		
3	Module 3, The Air Brake System	UP	Universal Precautions		
4	Module 4, School Bus Driving Procedures	FA	First Aid		
5	Module 5, Accidents/Other Emergencies	SN	Transporting Students w/Special Needs, Special Needs Drivers		