



South Carolina Department of Education School Bus Driver Training and Admission Record

This form MUST be completed electronically and forwarded via email to the appropriate South Carolina Department of Education (SCDE) Driver Trainer and to the Instructor (if not an SCDE Driver Trainer) prior to the first day of the class. Applicant/driver MUST bring valid driver's license to class.

(This section to be completed by district transportation official based on employment application information)

Last Name _____	Suffix _____	First Name _____	Middle Name/Initial _____	Phone Number _____
Street Address _____				County of Residence: _____
City _____				
State _____				
Zip _____				
Mailing Address/P.O. Box _____				Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
City _____				
State _____				
Zip _____				
E-Mail Address (Required for End-of-Course Testing) _____				
Driver's License Information: _____				
License Number _____	State _____	Class _____	Restrictions _____	Endorsements _____
			Expiration Date _____	Date of Birth (MM/DD/YYYY) _____
Does applicant have a current Commercial Learner's Permit (CLP)? <input type="checkbox"/> Yes <input type="checkbox"/> No DOT Physical Expiration Date _____				
If Yes, complete the following: State _____ Class _____ Restrictions _____ Endorsements _____ Expiration Date _____				

(This section to be completed by district transportation official)

School District Info: _____	Driver's School: _____
Name of School District	County/District Code

Select the classroom training needed:

Initial Classroom Training (Registrant will attend entire SCDE Classroom Training Course)

Location: _____ Date: _____ Instructor: _____

Location of Instruction Date of Instruction Instructor's Name

In-Service Classroom Training (Registrant will complete module(s) selected from chart below).

Module(s): _____ Location: _____ Date: _____ Instructor: _____

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

Specify if Other District Choice Training: _____

Select the primary position the applicant has/will have with school district:

- Regular Route/Special Needs Route Driver
 Substitute Driver
 Teacher/Coach
 Activity Trip Driver/Volunteer
 Attendant

Select the type of certificate to be obtained:

- | | |
|--|--|
| <input type="checkbox"/> Certificate A Commercial (Full-functional School Bus) | <input type="checkbox"/> Certificate A Non-Commercial (Full-functional School Bus) |
| <input type="checkbox"/> Certificate B Commercial (Multi-functional School Activity Bus) | <input type="checkbox"/> Certificate B Non-Commercial (Multi-functional School Activity Bus) |
| <input type="checkbox"/> Certificate C Commercial (Private School Full Functional Bus) | <input type="checkbox"/> Certificate C Non-Commercial (Private School Full-functional Bus) |

The above named person is recommended for admission into the school bus driver training program for the type of instruction indicated.

School District Transportation Supervisor Name _____	School District Transportation Supervisor Signature _____	Date _____
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SCDE Training Module Codes

Code	Description	Code	Description
1	Module 1, Driver Responsibilities	UP	Universal Precautions
2	Module 2, Basic Operations	FA	First Aid
3	Module 3, The Air Brake System	SN	Special Needs Training, Drivers/Attendants
4	Module 4, School Bus Driving Procedures	BE-1	Bus Evacuation
5	Module 5, Accidents/Other Emergencies	GOTB	Get on the Bus
6	Module 6, The People Factor	DC	Other District Choice (Specify Above)
7	Module 7, Students with Special Transportation Needs		