



# 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence: \_\_\_\_\_  
 Mailing Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender  Female  Male  
 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)?  Yes  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:**

- Certificate A Commercial (Full-functional School Bus)  Certificate A Non-Commercial (Full-functional School Bus)  
 Certificate B Commercial (Multi-functional School Activity Bus)  Certificate B Non-Commercial (Multi-functional School Activity Bus)  
 Certificate C Commercial (Private School Full Functional Bus)  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 \_\_\_\_\_

**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		