

## 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 along with a DMV license report prior to the first day of the class.

(This section to be completed by district transportation official based on employment application information)						
ast Name Suffix First Name			Middle Name/Initial		Phone Number	
Last Name	Sullix Filst Name		Middle Name/imidal			
Street Address	City	State	Zip	County o	f Residence:	
Mailing Address/P.O. Box	City	State	Zip			
E-Mail Address (Required for End	d-of-Course Testing)					
Driver's License Information:	se Number State Clas	ss Restrictions	Endorsements	Expiration Date	Date of Birth (MM/DD/YYYY)	
Does applicant have a Commerci	al Learner's Permit (CLP)? [	Yes No	DOT Physic	al Expiration Date	9	
If Yes, complete the following: Sta	ate Class F	Restrictions	Endorsen	nents	Expiration Date	
(This section to be completed by district transportation official)						
School District Name:	Name: Coun			_ County/Distric	t Code:	
Select the classroom training n	andod:					
Classroom Training (Registrant will attend entire SCDE Classroom Training Course)						
Dates of Instruction:						
Commercial Learner	Permit Training (Follows each	ch Classroom Tra	ining Session, requ	ired for initial CDL	and CDL upgrade).	
Dates of Instruction:						
Oalant the material and the state of						
Select the primary position the  Regular Route	applicant has/will have wit Special Needs Route Driver		E Activity Trip Driver		☐ Attendant	
Select the type of certificate to	•		, ,			
Certificate A Commercial (Full-functional School Bus)  Certificate B 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 persor	n is recommended for admiss	sion into the scho	ol bus driver trainin	g program for the	type of instruction indicated.	
School District Transportation Supervisor Nat	me	School Distr	ict Transportation Supervi	sor Signature	Date	
Comments:						