

DRIVER INFORMATION FORM

****Please complete each line when adding or removing a driver to your list****

School_____

Date_____

Please add the following name to our school driver list.

(Check one or both)

School Bus Driver_____ Activity Bus Driver_____

Name_____

Date of Birth_____

Driver's License #_____

Phone #_____

Social Security #_____

*****Special Note: All new drivers must submit to a pre-employment drug test before operating any Carteret County school or activity bus.**

Check here to remove this driver from your driver list_____

Date of Departure_____