**Guilford County Schools –Transportation Request Form for**

**Exceptional Children Supplemental Information Sheet ~ 2024-2025**

*(Internal Document to be attached to Special Education transportation request form)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name | | | | Enter text | | | | | | | | Grade | | Enter text |
| School | Choose an item | | | | | | | School’s phone # | | | Enter text | | | |
| Mother | Enter text | | | | | | | Father | | Enter text | | | | |
| Phone # | | Enter text | | | | | | Phone # | | Enter text | | | | |
| Email | Enter text | | | | | | | Email | | Enter text | | | | |
| Phone # | | Enter text | | | | | | Phone # | | Enter text | | | | |
| Emergency Contact | | | | | | Enter text | | | | | | | | |
| Phone # | | Enter text | | | | | | Email | | Enter text | | | | |
| Teacher’s Name | | | | | Molly Metcalfe | | | | | | | | | |
| Medical concerns (including known medications) | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | |
| Mobility concerns | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | |
| Diet concerns (including allergies) | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | |
| Communication concerns | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | |
| Toileting concerns | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | |
| Behavioral concerns (including specifics that frighten, agitate, calm, and comfort) | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | |
| Other [confirm drop off and pick up address] | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | |
| Completed by | | | Enter text | | | | | | | | | | Date | Enter date |
|  | | | *(Case Manager)* | | | | | | | | | |  |  |
| Date given to Support Lead | | | | | | | Enter date | |  | | | | | |