**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 |  |