

## Guilford County Schools –Request Form for Exceptional Children Special Transportation

**CONFIDENTIAL****2023 - 2024****CONFIDENTIAL**

PLEASE PRINT

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Race/Sex: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone/Contact Person: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Contact Person/ Phone # \_\_\_\_\_

**\*Requested Pickup / Drop off Address:** If location is a daycare or an apartment complex, enter name, address and phone number.

AM Address: \_\_\_\_\_ PM Address: \_\_\_\_\_

*\*Addresses which are outside the attendance zone of the school of attendance or the school of assignment may not be served pursuant to the GCS Transportation Department Statement of Guidelines for Transportation of Exceptional Children and the Center Pick-up/Drop-off Procedures Statement dated May 16, 2017.*

**Explanation of Special Transportation Considerations or Health Concerns:** *Mobility Aids Required* – ☐ Walker ☐ Wheelchair ☐ Wheelchair Electric ☐ Wheelchair Scooter ☐ Cane ☐ Crutches ☐ Braces ☐ Prosthesis ☐ Helmet ☐ Gastronomy Tube ☐ Respirator ☐ Shunt ☐ Tracheotomy ☐ Service Animal ☐ Safety Assistant/Nurse *Medical Aids* – ☐ Allergies ☐ Ambulatory Assistant ☐ Asthma ☐ Behavioral Management ☐ Diabetes ☐ Feeding Tube ☐ Hearing Aids ☐ Non-Verbal ☐ Orthopedic Assistant ☐ Oxygen ☐ Runner ☐ Seizures ☐ Sensory Aids ☐ Vision Impaired *It is the responsibility of the Physical Therapist to mark the tie-down locations on the frame of the student's wheelchair.*

**Parent Permission:**

**For safe transportation purposes:** Can child be secured in a Child Safety Restraint System (CSRS) appropriate for age/weight/height as determined by the Transportation Department? Check One: ☐ Yes ☐ No Child's weight \_\_\_\_\_/height \_\_\_\_\_ Can the student be left unattended? ☐ Yes ☐ No

For emergency school bus evacuation purposes, student ☐ should, or ☐ should not be removed from CSRS or wheelchair.

**Students are not permitted to get off the bus unless there is an adult present.** I understand it is my responsibility to be at the bus stop in the afternoon to receive my child. In the event an adult is not at the stop to receive my child, he/she may be returned to his/her school and it will be my responsibility to provide transportation from school to home that day. Students' hygiene needs will be attended to as deemed necessary and appropriate by transportation staff. If necessary, school staff will submit the Supplemental Information Sheet to Transportation within ten (10) days of the student's enrollment.

In my absence, the following person(s) are permitted to receive my child.

Name & Phone # \_\_\_\_\_ Name & Phone # \_\_\_\_\_

**Discuss with Parent**

I understand that it is my responsibility to notify **Exceptional Children's Department** of any address change. The Transportation Department requires up to ten (10) workdays to make original assignment of or any necessary address changes for transportation. A change of address may impact special transportation service. If the student does not ride the bus for three (3) consecutive school days, it is the responsibility of the parent/guardian to contact the appropriate supervisor in the Transportation Department to resume transportation services.

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**EXCEPTIONAL CHILDREN'S DEPARTMENT USE ONLY - date received from school: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Previous Assignment**

Home School \_\_\_\_\_ Last School Attended \_\_\_\_\_ Teacher Contact \_\_\_\_\_  
**2023-2024 Assignment** Date Effective: \_\_\_\_\_ (up to 10 school days from submission to Transportation)  
 School \_\_\_\_\_ Teacher Contact \_\_\_\_\_  
 School Address (If not GCS) \_\_\_\_\_ Phone: \_\_\_\_\_

Classification: \_\_\_\_\_ Section 504? ☐ Yes ☐ No Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
 (Complete if arrival/departure time is different from the published bell schedule.)

**Additional Information/Special Instructions:** \_\_\_\_\_

Exceptional Children's Department Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Date Faxed to Transportation \_\_\_\_\_

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**TRANSPORTATION DEPARTMENT USE ONLY**

AM Bus Assignment _____	Pick-up Time _____	GCS Bus _____	First Student Bus _____	Effective Date _____
PM Bus Assignment _____	Pick-up Time _____	GCS Bus _____	First Student Bus _____	Effective Date _____