

Guilford County Schools – Request Form for Exceptional Children Special Transportation 2025-2026

☐ New Student ☐ Change of School ☐ Change of Address ☐ Change of Equipment ☐ Other

PLEASE PRINT

Student Name: _____ Student Number: _____ Parent/Guardian: _____
Address: _____ City: _____ ZIP: _____
Age: _____ DOB: _____ Grade: _____ Race/Sex: _____ Home Phone: _____
Emergency Contact Person/Phone # _____

***Requested Pick-up/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.**

Explanation of Special Transportation Considerations or Health Concerns: Mobility Aids Required – ☐ Walker ☐ Wheelchair (Manual)

☐ Wheelchair (Electric) ☐ 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 Regarding Child Safety Restraint System (CSRS) Usage:

For safe transportation purposes: ☐ Yes, my child **MUST** be secured in a CSRS appropriate for age/weight/height as determined by the Transportation Department.

☐ Yes, my child **MAY** be secured in a (CSRS) if needed for safety reasons determined by the Transportation Department. ☐ No, my child **SHOULD NOT** be secured in a CSRS.

If “yes” is checked for CSRS use, weight and height **MUST** be provided: Child's weight _____ /height _____

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

EC Pre-K- 12th grade students are not permitted to get off the bus unaccompanied 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. **However, parents/guardians of 6th-12th grade students may request that their student(s) be allowed to exit the bus without an adult present WITH PRIOR AUTHORIZATION approved (via written request) by the school's designated principal.** 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 my student's school of any address changes. Families should notify their student's resource teacher if there are changes to address and contact the school's data manager to make the necessary changes in PowerSchool. The Transportation Department requires up to ten (10) workdays to make original assignment of or any necessary address changes for transportation. Changes of address may impact special school assignments depending on the new address and zoning. 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

EXCEPTIONAL CHILDREN'S DEPARTMENT USE ONLY – date received from school: _____**Previous Assignment**

_____	Home School	_____	Last School Attended	_____	Teacher Contact
2025-2026 Assignment		Date Effective: _____ (up to 10 school days from submission to Transportation)			
School	_____	Teacher Contact	_____	Phone	_____
Classification	_____	<input type="checkbox"/> AC <input type="checkbox"/> RBS <input type="checkbox"/> SIT	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	_____
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PM Bus Assignment	_____	Pick-up Time	_____	GCS Bus	_____	First Student Bus	_____	Effective Date	_____
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