

STUDENT NAME: _____ DOB: _____



484 Mulberry St. • Macon, Georgia 31201 • (478) 765-8711

Dear Parent:

The following requested information is essential for our transportation department to be better prepared to transport your child. In order to process your son/daughter's Transportation application please provide us with specific information regarding your child's wheelchair/stroller.

Type of wheelchair (please check all that apply):

**Make/Model information is usually found on the lower part of the wheelchair frame

- | | |
|---|--|
| <input type="checkbox"/> Quickie | <input type="checkbox"/> Convaid cruiser stroller/wheelchair |
| <input type="checkbox"/> Quickie 2 | <input type="checkbox"/> Kimba stroller/wheelchair |
| <input type="checkbox"/> Zippie | <input type="checkbox"/> Kid Kart stroller/wheelchair |
| <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tilt-in-space wheelchair | |

Vendor (check one):

- | |
|--|
| <input type="checkbox"/> C.H. Martin Co. |
| <input type="checkbox"/> Mobility Designs |
| <input type="checkbox"/> United Seating and Mobility |
| <input type="checkbox"/> Other: _____ |

Month/year child received current wheelchair (if known): _____

Comments/Special Considerations: _____

Parent/Guardian Signature

Date