



The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of Special Education  
New York State Resource Center for the Visually Impaired  
2A Richmond Avenue, Batavia, NY 14020  
(585) 343-5384, Ext. 207 / Fax (585) 343-0652

## 2018-19 REGISTRATION FORM FOR CHILDREN CLASSIFIED AS LEGALLY BLIND

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (M.I.) Month Day Year

Sex: Male  Female  \* Grade Code \_\_\_\_\_

School or Agency where individual receives special services for the visually impaired during school hours:

Name: \_\_\_\_\_ Public  Private   
Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
(This will be the agency listed for the student in the database) E-mail: \_\_\_\_\_

\*Level of visual functionality code:  Functions at the Definition of Blindness  
 Meets the Definition of Blindness

Primary Language of Learner:  English  Spanish  Other \_\_\_\_\_

Indicate the student's **ONE PRIMARY AND ALL SECONDARY READING MEDIUMS** in the boxes using 1, 2

	VISUAL – Students use print to some extent
	BRaille – Students use braille to some extent
	AUDITORY – Students use a reader or auditory materials to some extent
	NOT APPLICABLE – Nonreaders, pre-readers or students with no additional reading media

\*See field memorandum for appropriate coding and/or instructions

### PERSON COMPLETING THIS FORM

Name \_\_\_\_\_ Title \_\_\_\_\_

School District \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

I certify that my school has a written current school year education plan and an eye report completed within the last three years on file as evidence of the student's educational program and visual acuity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date