

# 2024 REGISTRATION FORM

Name of District/Agency: \_\_\_\_\_

County: \_\_\_\_\_

**Deadline: Submit by February 1, 2024**

Form for the APH Registration of Legally-Blind Students for Federal Quota Funds  
Enrolled in Your District or Agency as of Monday, January 1, 2024  
For Purposes of the Act to Promote the Education of the Blind

If you have no students to report you do not need to send this form back. Go to <https://www.surveymonkey.com/r/V2KZKXZ> to give your district and contact information.

Please see INSTRUCTIONS FOR 2024 REGISTRATION

1.      2.      3.      4.      5.      6.      7.      8.      9.

Student's Name	ROI	Date of Birth	Grade	Right Eye	Left Eye	Primary Language used for Instruction	Primary Reading Medium	2nd Reading Medium	Add'l Reading Medium	LVA	FVA	Vision Service	Hearing Loss?
<i>SAMPLE: Doe, Jane</i>	<i>Yes</i>	<i>01/01/01</i>	<i>3</i>	<i>20/200</i>	<i>20/200</i>	<i>Spanish</i>	<i>LT</i>	<i>DV</i>	<i>NA</i>	<i>N</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

Please provide your **signature and contact information** on the back of this form (over) ⇨⇨⇨⇨

Note: If your list of legally blind students requires 2 or more pages, you only need to complete this page once.

# SIGNATURE REQUIRED FOR 2024 APH REGISTRY

**Superintendent, Director of Special Education, or Other Designee:** I certify that enclosed registration information is accurate and fully documented.

Authorized Person or Designee: For public schools, the only individuals authorized to sign this form are principals, Directors of Special Education, or their designees.

For other educational programs and private schools, the administrator, principal, educational liaison, or other chief officer may sign. For home schools, the parent may sign.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

District/Agency/School \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Primary Contact (if other than the signee)

Any teacher, paraprofessional, or other educator assigned to work with students with visual impairments may submit requests for materials to the Missouri Instructional Resource Center. However, the primary contact person can resolve questions about the Federal Quota Registration or about requesting and returning materials for the student(s) listed on this form.

Name & Title of Primary Contact \_\_\_\_\_

District/Agency/School \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

### Return completed form to:

Gabrielle Borders

Missouri Instructional Resource Center

3815 Magnolia Avenue

St. Louis, MO 63110

Telephone: 314-633-1551

E-mail: [Gabrielle.Borders@msb.dese.mo.gov](mailto:Gabrielle.Borders@msb.dese.mo.gov)

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