

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

SIGNATURE REQUIRED FOR 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

Deadline: February 1st