2019 Wisconsin APH Census Registration

	Α	dd <u>new</u> eligible stu	dents for 2019 API	H Census on t	he lin	es bel	ow -	(enro	lled a	s of Ja	nuar	y 7, 2019)		
District	DOB	Last Name	First Name	Middle Name	Grade	Func.	Lang	PRM	SRM	ORM	ROI	Ocular Date and/or Exemption/Permanent	Other Notes (Name of new educational placement, Twin, name change, etc)	
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The undersigned acknowledges that the student(s) reported herein meet the eligibility criteria for APH.					Refer to Instructions for Registration of Blind Students (green) in order to complete this process correctly.									
Completed by					Retur	n this f	orm h	v FFRF	RUARY	15, 20	19 to:			
								-				W State Street, Janesv	ille, WI 53546.	
Title				_										
Agency				<u> </u>										
Phone					If vo.	have a	uosti -	nc aha	+ +h.~	VDH C	oncus :	arocace or student slimit	aility plaasa amail tha	
Email												process or student eligik 12.wi.us or WCBVI Adn		
-			Data									5141 or Outreach Direc	tor Dawn Soto:	
Signature			Date	<u> </u>	<u>uawn</u>	รบเบ@	wcDVI.	K12.W	<u>.us</u> , (6	08) 758	5-4925			