



ALTMAR PARISH WILLIAMSTOWN CENTRAL SCHOOL DISTRICT

CENTRAL REGISTRATION

639 County Route 22 • Parish, New York 13131

PHONE: (315) 625-5275

FAX: (315) 625-7952

REGISTRATION FORM FOR CHILDREN CLASSIFIED AS LEGALLY BLIND

**NYS Resource Center for Blind, Visually Impaired
2A Richmond Avenue
Batavia, NY 14020
(585) 343-5384, ext 207
Fax: (585) 343-0652**

Name of Student: _____
(Last) (First) (M.I.)

Date of Birth: _____
Month Day Year

Sex: Male Female *Grade: _____

District or Agency where the student receives special services for the visually impaired during school hours:

Name: Altmar Parish Williamstown CSD
Address: PO Box 97 (639 Co. Rt. 22)
Parish, NY 13131

Public Private
Phone: (315) 625-5234
FAX: (315) 625-4273
Email: csackett@apw.cnyric.org

(This will be the agency listed for the student in the database)

*Level of visual functionality code: FDB MDB

Primary Language of Learner: English Spanish Other _____

Indicate the student's ONE PRIMARY READING MEDIUM by indicating "1" and ALL SECONDARY READING MEDIUMS by indicating "2" in the boxes below.

	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 enclosures for appropriate and /or instructions.

PERSON COMPLETING THIS FORM	
Name: _____	Title: _____
School District: _____	Phone: () _____
	Email: _____