

## American Printing House for the Blind Federal Student Registration Federal Quota Census Form

**IMPORTANT:** A student who qualifies for the APH Federal Quota Census must have a “central visual acuity of 20/200 or less in the better eye with best correction or a peripheral field of vision no greater than 20 degrees or visual performance reduced by a brain injury or dysfunction that meets the definition of blindness as determined by an eye care specialist or neurologist.” The student must be enrolled in your district/agency on the first Monday of January. All information with an \* is required. **Please review the instructions in your MIRC Sharepoint Student Registration folder before completing this form.**

District/Agency Name

District Code

January \_\_\_\_\_, 20\_\_\_\_\_

*Student Name (Last, First Middle) e.g. Doe, John Bradley	*Date of Birth (MM/DD/YYYY) e.g. 08/13/2005	*Current Grade	*Vision Function (MDB or FDB)	*Primary Language of Learner (EN, SP, or OT)	*Primary Reading Medium (V,B,A, PRE, or SN)	*2 <sup>nd</sup> Reading Medium (V,B,A, or NA)	Other or 3 <sup>rd</sup> Reading Medium (V,B,A, or NA)	Parent consent on file? (Yes or No)	Visual acuity verified? (Yes or No)	Date of most current eye report? (MM/DD/YYYY) e.g. 10/22/2012
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Check here if you have no students to report.

**IMPORTANT:** All districts must complete the information on page 2 and return it to Mississippi Instructional Resource Center.

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**Notes to MIRC Regarding Students**

**Assurance of Superintendent, Director of Special Education, or Other Designee:** I certify that the enclosed registration information is accurate, documented fully, and on file in our district.

**Signature**

**Date**

**Name**

**Title**

**Email Address**

**Office Phone**

**School Cell Phone (optional)**

**District/Agency**

**Physical Mailing Address**

**City**

**State**

**Zip Code**

**IMPORTANT:** Upload this completed registration form into your **MIRC Student Registration folder** with file named **District Name\_APH FEDERAL QUOTA Registration.**