



IRC ~ Supplemental Registration Form

Required Annually for ALL Students Served by the IRC.

(Not to be confused with the annual Federal APH Quota Registration.)

Please submit form via fax or email.

Please fill in this form electronically; then fax the printout to (575) 439-4498; or email it as an attachment to IRC@nmsbvi.k12.nm.us.

Questions? Please call IRC Librarian, Kathy Danley, at 575-439-4437.

DATE: _____

SCHOOL DISTRICT/AGENCY CONTACT PERSON: _____

SCHOOL DISTRICT/AGENCY NAME: _____

STREET OR BOX NO: _____

CITY, STATE, ZIP: _____ **County:** _____

TELEPHONE NO: _____ **FAX:** _____

CONTACT PERSON'S EMAIL ADDRESS: _____

(Please use your agency's officially-sanctioned email address, NOT your personal email.)

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	Gender	Grade Placement	Eye Condition

Name of Authorized Official/Designee: _____

(Person who has authority for the administration of the program for students who are visually impaired.)

Filling in name indicates appropriate documentation is on file at your district or agency for each child listed.

(Revised February 2014)