![NMSBVI_LOGO_BLUE[1]]()

**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** |
|       |       |     |       |       |       |       |
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## **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)*