

STUDENT INFORMATION

Student Name _____

Date of Birth _____

Student Number _____

Grade _____

Parent Name _____

Home Address _____

Zip Code _____

Home Phone _____

Please indicate which disability prevents student from reading standard print

VI = Visual Impairment or Blindness _____

LD = Learning Disability _____

O = Other Physical Disability _____

PARENT RESPONSIBILITY

To the Parent: Your signature below verifies that you and your son/daughter will accept responsibility in assuring that APS equipment is reasonably secured in your home and will not be loaned to anyone else for use. In the event of lost or stolen APS equipment while in your care, please notify the Albuquerque Police Department, the APS School Police (243-7712), and the Unified Resources Library (880-8295). If the equipment becomes inoperative, notify the Unified Resources Library (880-8295).

Parent Signature

Date