Registration for RIMAC Accessibility

School Year:	2012-2013
1ST Day of School Year: (if known)	
SASID #:	
Students Name, Last	
Students Name, First	
DOB:	
Grade:	
School District:	
Case Manager (CM): *Or* **504 Coordinator:**	
CM Phone #:	
CM Email Address:	
District Liaison (DL):	
DL Phone #:	
DL Email Address:	
Address of District Liaison:	

Print Disability Area

☐ **Blind**   ☐ **Visual Disability**   ☐ **IEP**

☐ **Reading Disability**   ☐ **Physical Limitation**   ☐ **504 Plan**

Equipment, if applicable:

Hardware, Software (used with student) please be concise*

District Assurances

I certify that the above student meets the eligibility requirements for NIMAS accessibility as having a visual impairment or significant print disability and medical documentation supporting such is on record in the student's confidential file.

*Special Education Director Signature	
Date	

Please make sure that the Case Manager or District Liaison can be contacted in the summer