



PUBLIC SCHOOLS OF NORTH CAROLINA

STATE BOARD OF EDUCATION Howard N. Lee, *Chairman*

DEPARTMENT OF PUBLIC INSTRUCTION June St. Clair Atkinson, Ed.D., *State Superintendent*

WWW.NCPUBLICSCHOOLS.ORG

Deaf-Blind Student Information Form

(Please enter all information completely)

Student's Name: _____

Birth Date: / /

Grade Level: _____

Student's School Information

LEA Name: _____

School Name: _____

School Address: _____

Zip Code: -

School Phone Number: () -

Teacher's Name: _____

Teacher's Email (if available): _____

Student's Home Information

Home Address: _____

Zip Code: -

Home Phone Number: () -

Name of Parent/Guardian: _____

Parent/Guardian Email (if available): _____

Person Completing Form: Name: _____

Email: _____ Phone #: _____

EXCEPTIONAL CHILDREN DIVISION

Mary N. Watson, Director

6356 Mail Service Center, Raleigh, North Carolina 27699-6356 (919) 807-3969 Fax (919) 807-3243

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER