

June 3 - 4, 2021

**GUARDIAN INFORMATION** (Circle One: Parent / Guardian)

\$25 registration fee enclosed  
 Request financial assistance

Check in mail  
 District pay

Name \_\_\_\_\_  
Last First

Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**EMERGENCY CONTACT** (please provide the name of someone not listed above - parent/guardian will always be tried first)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_  
Last First Nickname

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Student E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Gender \_\_\_\_\_

**TSVI INFORMATION**

Name \_\_\_\_\_ School \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Summer Contact \_\_\_\_\_

**TECHNOLOGY INFORMATION**

Student uses his/her own personal computer in the home  Yes  No  Laptop  Desktop

Student has access to a school computer in summer  Yes  No

Student uses email  Yes  No Student has access to the Internet  Yes  No

Student is currently using the following assistive technology:

Refreshable braille display/notetaker \_\_\_\_\_  Screen reader \_\_\_\_\_

Magnification device (CCTV) \_\_\_\_\_  Magnification software \_\_\_\_\_

Touchscreen tablet/smartphone \_\_\_\_\_

Student is bringing a personal computer that is equipped with the following:

Microsoft Office 2013 or newer  Updated Microsoft Office 365  Screen reader (e.g. NVDA or Voice Over)

Antivirus software (e.g. Windows defender or AVG)

## TECHNOLOGY ACCESSIBILITY USE CONTENT

I consent for my child to access and participate in instructor-moderated, INTERNET-based training during the Envision Level Up Program. I understand that it is my responsibility to monitor my child's usage of the internet and release Envision from any and all liability resulting from usage outside the Envision Level Up Program

## VOLUNTARY SELF-IDENTIFICATION INFORMATION

Completion of this information is voluntary and is not a requirement. This information will in no way affect the decision regarding your application. This information will be kept confidential

I decline to identify my race & ethnicity

### Ethnicity

- Hispanic or Latino  
 Not Hispanic or Latino

### Race *Select one or more values*

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other  
 Pacific Islander  
 White  
 Two or More Races

## MEDICAL INFORMATION

### ALLERGIES:

Food: \_\_\_\_\_

Reaction: \_\_\_\_\_

Other Materials: \_\_\_\_\_

Reaction: \_\_\_\_\_

Mental Delay

Yes  No

Developmental Delay:

Yes  No

Aggressive Behaviors:

Yes  No

Physical Disability:

Yes  No

Psychological Impairment:

Yes  No

Criminal Record:

Yes  No

Give details

## VISUAL INFORMATION

Optometrist/Ophthalmologist: Name \_\_\_\_\_ Phone \_\_\_\_\_

Visual Disability  Total  Legal Blind Status  Reads large print  Reads Braille

Visual Diagnosis \_\_\_\_\_

Acuities \_\_\_\_\_ Field Loss \_\_\_\_\_

Visual Support:

Daily glasses

Readers

Biotopic glasses

Telescope Magnifier

Cane use

Guide Dog

Contacts (circle one: right eye • left eye • both )

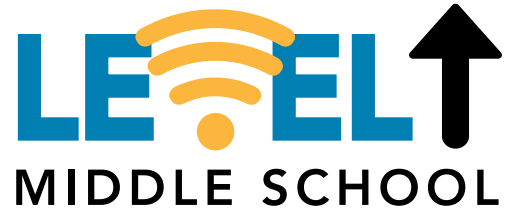
Prosthesis (please explain)

Give details

### ALL FIELDS MUST BE COMPLETED

To improve the quality of life and provide inspiration and opportunity for people who are blind or visually impaired through employment, outreach, rehabilitation, education and research.





**ENVISION CONSENT AND RELEASE**

*As parent/guardian of the student – (please initial each statement)*

I hereby release Envision and all Level Up Program staff/volunteers from any and all claims and liability arising from any injury, illness, damages or loss or destruction of personal property, which may occur as a result of my child’s participation in or traveling to or from the program activities.

I give my permission for me and my child to be added to The Envision Research Institute research database for future research participation opportunities.

**ENVISION CONSENT TO USE NAME AND LIKENESS**

Envision occasionally uses images of participants and events in its publications and on its Web site.

By signing below, I, \_\_\_\_\_, hereby grant permission to Envision, to use my or my child's image, voice recording or likeness on its website or in other official publications without further consideration, and I acknowledge Envisions right to crop or treat this media at its discretion.

I also acknowledge that Envision may choose not to use this media immediately, but may do so at its own discretion at a later date.

I also understand that once this media is posted on Envision's website or in other official publications, it can be downloaded or shared. Therefore, I agree to indemnify and hold harmless from any claims the following:

Envision, Inc. and all Level Up Program staff or volunteers

Grantor/Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_