

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Vocational & Educational Services for Individuals With Disabilities
Monica Short, Regional Associate
NYS Educ. Dept., Room 1623,
1 Commerce Plaza, Albany, NY 12234
(518) 473-1185

PHC-10

Application to the Commissioner of Education for Approval to Attend
a School for the Blind, Deaf or Severely Physically Disabled

Read all instructions. Make sure to complete all sections of this application. If further assistance is needed, please contact the Regional Office listed above. **Note: During the processing of this Application, it is necessary that your child remain in his/her current placement to ensure continuity in his/her educational program.**

Submit the following reports with this application form:

Medical Reports (as applicable)

- a. For a child who is DEAF - audiogram (done within the past year)
- b. For a child who is BLIND - ophthalmological exam/report (done within the past year) or a Commission for the Blind Registration
- c. For a child who is SEVERELY PHYSICALLY DISABLED - a current medical report stating physical disabilities

School/Educational Information (if available)

(If your child is currently in a preschool or school age program for children who are disabled)

- a. Current Individual Education Program (IEP)
- b. Physical examination report
- c. Psychological exam/report
- d. Social history
- e. Any additional appropriate information

Fill in the following information. Please TYPE or PRINT clearly.

1. CHILD INFORMATION

- a. Child's Name: _____
(Last Name) (First Name) (Middle Name)
- b. Date of Birth: _____ | _____ | _____ Child's Social Security No. _____
(Month) | (Day) | (Year)
- c. Street Address of Child: _____
City: _____ State: _____ Zip: _____
Mailing Address, if different from above: _____
- d. Telephone Number: (____) _____
- e. County of Residence: _____
- f. How long has child been a New York State resident? _____

g. Is English spoken in the home? ____Yes ____No

What additional languages (if any) are spoken in the home?_____

h. Parents/Legal Guardians (Fill in addresses and telephone numbers only if different from child's)

(1) Mother:_____ Legal Guardian? **Yes No**
(Last Name) (First Name) (Maiden) (Circle One)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone Number: (____)

(2) Father:_____ Legal Guardian? **Yes No**
(Last Name) (First Name) (Maiden) (Circle One)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone Number: (____)

(3) Legal Guardian:_____
(If different from parents) (Name of Person[s]/Agency)

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone Number: (____)

2. SCHOOL INFORMATION

a. Current Educational Placement:

Name of School District/BOCES:_____

Specific School or Building:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone: (____)

b. Name of School District of Residence:_____

Applicant's Name_____

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c. Past Educational Placements: (List all schools child has previously attended.)

(1) Years of Attendance: From _____ To _____

Name of School District/BOCES _____

Specific School or Building _____

Street Address _____

City _____ State _____ Zip _____

(2) Years of Attendance: From _____ To _____

Name of School District/BOCES _____

Specific School or Building _____

Street Address _____

City _____ State _____ Zip _____

3. DISABLING CONDITIONS

a. Primary Disabling Condition (Check only one)

_____ Deaf _____ Blind _____ Physically Disabled

b. Multiple Disabling Conditions (check all that apply)

_____ Autistic _____ Deaf-Blind _____ Orthopedically Impaired

_____ Emotionally Disturbed _____ Deaf _____ Multiply Disabled

_____ Mentally Retarded _____ Hard of Hearing _____ Other Health Impaired

_____ Learning Disabled _____ Speech Impaired

_____ Traumatic Brain Injury _____ Visually Impaired

Application Completed By: _____

(If other than parent/legal guardian)

Title: _____

Place of Employment: _____

Telephone: ()

(Area Code) (Number)

Signature of parent/legal guardian: _____

Date: _____

(Rev.10/06,lg)