



alphapointe™

Technology Camp Nomination/Registration Form

To be completed by: Teacher for the Visually Impaired

Student Name: _____

Parents Names: _____

Address: _____

Phones (home): _____ Phones (cell or work): _____

E-mail(s): _____

Age: _____ Current Grade or Grade in Fall: _____ School: _____

Teacher for visually impaired (TVI): _____

TVI Phone : _____ E-mail: _____

Visual Diagnosis: _____

Other considerations: _____

Description of current technology skills:

Fax or e-mail completed form to (816) 237-2065 or
cberry@alphapointe.org jmclaughlin@alphapointe.org