



Parent Pupil Education Program
Louisiana School for the Visually Impaired
P. O. Box 3074
2888 Brightside Lane
Baton Rouge, LA 70820
225-757-3489
225-757-3486 (FAX)
BFaulk@lsdvi.org

Initial In-Take Form (please print)

Date:	
Child's Name:	
Child's Date of Birth:	
Child's Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Race:	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander
Referred by:	
Office Telephone:	
Eye Condition:	
Visual Acuity:	
Documentation of Vision Loss Attached:	YES NO (circle one)
Parent/Guardian:	
Address:	
Parish:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email Address:	
Comments:	

_____ **PRINTED** Name of Person Sending

_____ Email of Person Sending

Total number of pages including this one: _____