

Family Education Program Enrollment Application

The Hadley School for the Blind

The Family Education Program is available to family members of individuals who are visually impaired. If you have questions, contact Student Services toll-free at 800-526-9909 (U.S., Puerto Rico or Canada) or 847-446-8111 or by fax at 847-446-9820. Email us at student_services@hadley.edu. Course information and online enrollment are available at www.hadley.edu.

1. Title: Mr. Mrs. Ms. Other

2. First Name: _____ 3. Middle Initial: _____ 4. Last Name: _____

5. Suffix: Jr. Sr. II III IV

6. Street Address: _____

7. City or Town: _____ 8. State or Province: _____ 9. Zip: _____

10. Country: _____

11. Gender: M F

12. If previously enrolled under a different last name, please indicate name used: _____

13. Email: _____

14. Telephone Numbers (include area code): Primary _____ Secondary _____

15. Date of Birth (mm/dd/yy): _____

16. How did you first hear about Hadley? (Indicate one):

____ Agency	____ Hadley student/staff	____ Internet site
____ School	____ Conference	____ Radio/TV
____ Publication	____ Library	____ Other (Specify): _____
____ Friend/family	____ Correctional facility	

List specific name of information source: _____

17. Indicate your highest level of education:

_____ Elementary school

_____ GED

_____ Junior high

_____ Associate degree

_____ High school (no diploma)

_____ Bachelor's degree

_____ High school diploma

_____ Master's or higher

18. Do you read and write English fluently? Yes No

19. Ethnic Background: Optional (for statistical information only):

_____ African-American

_____ Hispanic

_____ Native American

_____ Caucasian

_____ Asian

_____ Other _____

The following information is required.

FAMILY MEMBER INFORMATION

Provide the information requested about your visually impaired family member.

20. Name of blind/visually impaired individual: _____

21. How are you related? _____

22. Gender: M F Date of birth: _____

23. Cause of visual impairment/name of eye condition: _____

24. Age at onset of eye condition: _____

25. If known, please specify visual acuity (e.g., 20/70, 20/200, No Light Perception):

Left eye (OS): _____ Right eye (OD): _____ NLP: _____

26. Is the individual hearing impaired? Yes No

If yes, specify the degree of loss: mild moderate profound

27. Is there "another" disability other than vision or hearing loss? Yes No

If yes, list the disability: _____

28. Does the individual live with you? Yes No

If no, how often do you have contact with this person? _____

29. Are any other members of the immediate family blind or visually impaired? Yes No

Family member under age 14

Complete this item if you are the parent or grandparent of a blind or visually impaired child under the age of 14.

30. List the agencies that provide educational placement and vision services that the child is currently receiving: _____

Family member age 14 and older

Complete this section if you are a family member of a blind or visually impaired individual 14 years of age or older.

31. Are you or your family member receiving services related to the individual's blindness?

Yes No If yes, please describe: _____

32. Is the family member a Hadley student? Yes No

If not, would you like us to send you a Hadley Course Catalog and enrollment application for this visually impaired adult? Yes No

If so, what medium would you prefer? braille cassette large print CD

COURSE INFORMATION

Before completing this section, review the Hadley Course Catalog for course titles, numbers and media.

List your course preferences in order. (Students are enrolled in one course at a time)

COURSE SELECTION

Media Codes: (P) Print (LP) Large Print (OL) Online (B) Braille (C) Cassette

	COURSE NAME	COURSE NUMBER	MEDIA
1st			
2nd			

Please attach a brief statement (30 words or less) about your goal as a Hadley student. This will help our Student Services staff and teachers understand your needs so we may better assist you.

Agreement

I understand that when I enroll in a course, I am making a commitment of my time. I have read and understand the school's policies regarding lesson preparation and submission. Failure to start or remain active in my course may result in cancellation. Failure to complete multiple courses may result in suspension. Finally, I will respect the copyright of my Hadley materials and understand they are not for resale.

Signature

Date
