



LIGHTHOUSE *for the* BLIND

SAINT LOUIS

STARS TECHNOLOGY TRAINING

A Joint Program of Lighthouse for the Blind and
St. Louis Society for the Blind and Visually Impaired

Application for Services

Date _____

How did you hear about the program? _____

Student's Name _____ D.O.B.: _____

Gender : _____ Male _____ Female

Address _____ Phone _____

City _____ State _____ Zip _____

E-mail Address _____

Parent/Guardian _____ Work # _____

Address _____ Phone# _____

E-Mail Address _____

Emergency Contact Name _____

Phone Number _____ Alternate Number _____

Emergency Contact Name _____

Phone Number _____ Alternate Number _____

Eye Condition(s) _____

Eye Dr.(s) _____

Reading Mode: _____ Braille _____ Large Print _____ Auditory _____ Other _____

Vision Teacher _____ Grade _____

School District _____ School _____

School Address _____

City _____ State _____ Zip _____

Does the student use: _____ White Cane _____ Sighted Guide _____ Wheelchair/Walker

Reason for applying _____

Has the student received or applied for equipment from The Lighthouse for the Blind? ___ Y ___ N

If So, what: _____

If Applying for Technology Assistance, does the student use:

_____ JAWS _____ ZoomText _____ CCTV _____ Braille Notetaker

Other _____

Does the student have an open case with Rehabilitation Services for the Blind (Missouri) or Bureau for the Blind (Illinois)? _____ Yes _____ No

If so: Staff Person _____ Phone _____

Office Location _____

Please return the application to:

E-mail: ayorke@lhbindustries.com

OR

Mail To: Lighthouse for the Blind- St. Louis
Angie Yorke
10440 Trenton Avenue
Saint Louis, Missouri 63132
Phone: 314.423.4333



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Publicity Release

I hereby authorize and give permission for my child's name, photograph, or other identifying information (such as age, eye condition, etc.) used by the St. Louis Society for the Blind and Visually Impaired or the Lighthouse for the Blind – St. Louis for publicity purposes. I understand such uses may include brochures, newsletters, press releases, or written stories. I further understand some uses may be for information and material sent to other organizations/companies (newspapers, television, radio, etc.).

Release of Information

I hereby authorize and give permission to St. Louis Society for the Blind and Visually Impaired or the Lighthouse for the Blind – St. Louis to obtain or provide information to my child's school district, optometrist/ophthalmologist, and/or Rehabilitation Services for the Blind (RSB) for programming and collaboration.

General Liability Waiver

I, _____, being the parent/legal guardian of _____, do hereby consent to his/her participation in voluntary functions sponsored and/or organized by the Lighthouse for the Blind – St. Louis and St. Louis Society for the Blind and Visually Impaired. I understand that he/she is responsible for his/her behavior. I do hereby waive and release, the Lighthouse for the Blind – St. Louis, St. Louis Society for the Blind and Visually Impaired, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's participation in Lighthouse for the Blind – St. Louis, and or functions.

Parent / Guardian

First Name: _____ Last Name: _____

Relationship to Participant: _____

Signature: _____ Date: _____