



## New Hampshire Vocational Rehabilitation Student Registration Form

In order for the student to attend services provided or arranged by New Hampshire Vocational Rehabilitation (NHVR) this registration form needs to be completed and returned to a NHVR Student Transition Specialist or local office. All fields marked \* are required.

\*Student Legal Name: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_

\*Gender: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (optional)

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*County: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### \*Student Race:

  
  

American Indian or Alaskan Native

Asian

Black

  
  

Native Hawaiian or Other Pacific Islander

White

Other \_\_\_\_\_

### Student Ethnicity:

Hispanic or Latino

\*Has the student previously had a case with Vocational Rehabilitation?  Yes  No  Unsure

If yes, which office and/or counselor did the student work with? \_\_\_\_\_

If no, is the student interested in learning more about our services?  Yes  No

### Disability(ies): (If multiple please number based upon significance)

  
  
  
  

Autism

Deaf-blindness

Deafness

Emotional disturbance

Hearing impairment

  
  
  
  

Intellectual disability

Orthopedic impairment

Other health impairment

Specific learning disability

Speech or language disability

  
  

Traumatic brain injury; or

Visual impairment (including blindness)

Other \_\_\_\_\_

\*Academic information to be completed by school staff member or referring organization staff member:

\*School/Organization Name: \_\_\_\_\_

\*Current Grade Level: \_\_\_\_\_

\*Anticipated Graduation Date: \_\_\_\_\_ \*Student will receive:  Diploma  Cert. of Completion

\*Student has:  IEP  504  Other

Student is receiving one-to-one aide

\*Documentation

- IEP (provide a copy)
- 504 Plan (provide a copy)
- School Signature (Must complete School Section below)
- Other (specify type and provide a copy) \_\_\_\_\_

I give consent for the student to participate in student transition services provided or arranged by NHVR.

\*Signature of Parent or Guardian: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Signature of Student (if own Guardian): \_\_\_\_\_ \*Date: \_\_\_\_\_

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Required if **School Signature** is selected above

\*By signing this form, you certify that the above information is accurate and that the student has a disability.

\*Staff Name: \_\_\_\_\_

\*Staff Title: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Staff Signature: \_\_\_\_\_

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