

Disability Disclosure Form

This Disability Disclosure form insures that the applicant possesses a physical limitation that prevents them from reading printed materials. This document may be signed by: Doctor of Medicine, Osteopathy, Ophthalmologist, or Optometrist.

This person whose visual disability, with correction and regardless of optical measurement, is certified by a competent authority as preventing the reading of standard material, is unable to use standard printed materials as a result of physical limitations, having a reading disability resulting from the natural aging process, a learning disability, or due to organic and environment dysfunction. THE DISABILITY MAY BE EITHER TEMPORARY OR PERMANENT.

Print this page and mail or fax to:

Aroga

#150-5055 Joyce Street

Vancouver BC, V5R 6B2

Fax: (604) 431-7995

Keys for K - 12 Application (CONFIDENTIAL INFORMATION)

Applicant (Student) Name : _____ Date : _____

Address : _____ Apt # : _____

City : _____ Province : _____ Postal Code : _____

Phone : (_____) _____ (REQUIRED EVEN IF UNLISTED)

Date of Birth : _____ / _____ / _____ Referred by : _____

CONTACT PERSON INFORMATION : This person cannot be living with the applicant. Contact Person may be living outside of your local area. The contact person will only be contacted if the applicant's mail is returned and the applicant has not notified Serotek of a new address and phone number.

Name : _____ Phone : _____ - _____

Parent / Guardian : _____ Date : _____

Name of Physician / Competent Authority : _____

Signature : _____ Phone : (_____) _____

Date : _____ Address : _____ Apt#: _____

City : _____ Province : _____ Postal Code: _____

FOR OFFICE USE ONLY : Date Posted _____ RECV'r# : _____ Freq : _____

Date Rec'd : _____ Date Ret'd : _____ 2ND#C'D : _____