



VIRGINIA SCHOOL FOR THE DEAF AND THE BLIND FOUNDATION

DIRECTORS

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- Michael Cathey
- Erin Fernsler
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- J. Paul Walla

***VSDB Summer Camp 2014***  
**June 22-27, 2014**

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Contact numbers: \_\_\_\_\_ (home, text, other)

E-mail address: \_\_\_\_\_

Student's School for the 2013-2014 Session: \_\_\_\_\_

School Address: \_\_\_\_\_

HI Teacher: \_\_\_\_\_

Disability (ities) (List all): \_\_\_\_\_

Mode of Communication (Oral, ASL, Cued Speech, etc.): \_\_\_\_\_

Reading Level: \_\_\_\_\_



Has the student ever been away from home?      YES              NO

Are there any behavior concerns?              YES              NO

If yes, what? \_\_\_\_\_

Does the student have a current behavior intervention plan (BIP)?   YES              NO

Please list any allergies that the student has: \_\_\_\_\_

Please list any activity restrictions for the student: \_\_\_\_\_

**Please CIRCLE an answer.**

Will you be transporting your child home on Friday at 3:00?      YES              NO

If not, then please list alternate name of person and how to contact:

\_\_\_\_\_

The online application can be found at [www.vsdb.k12.va.us](http://www.vsdb.k12.va.us).

Thank you for filling out the application. **Be sure to include a copy of your child's current IEP along with this application. This is due by April 4th.** Once we have your information, we will send you the **second** part of the application process. If you have any questions, feel free to contact me. Thank you again!

Sincerely,

Pat Trice, Principal  
540-332-9342  
540-332-9066 FAX  
Pat.trice@vsdb.k12.va.us

VSDB  
Summer Enrichment Program  
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