

District/Agency	DOB	Last Name	First Name	Middle Name	Grade	Func.	Lang.	PRM	SRM	ORM	Parent/Guardian Permission	Ocular Date and/or Exempt/Permanent	Delete and Reason	Other Notes (Name of new educational placement, Twin, Name change, etc)

**Instructions:**

Make changes necessary **on the line below** each student entry.  
 Be sure to update the Grade Level for all students.  
 If a student is to be deleted, **leave them on the sheet**, and indicate they are to be deleted, and the reason, on the line below the student entry  
 Add new APH eligible students (enrolled as of January 1, 2024)

**Complete the following:**  
**Name and Title of individual completing this form:** \_\_\_\_\_  
**I certify that the students reported herein meet the eligibility criteria for APH Registration:** \_\_\_\_\_

Return via secure upload link by **January 1, 2024. Do not return via unsecured email.**  
 To request secure upload link email [aphcensus@wcbvi.k12.wi.us](mailto:aphcensus@wcbvi.k12.wi.us)