District/Agency	DOB	Last Name	First Name	Middle Name	Grade	Func. (MDB, FDB, or IDEA)	Lang.	PRM	SRM	ORM	Parent/Guardian Permission	1: Ocular Date and/or Exempt/Perman ent	3: 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 6, 2025)
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 February 14, 2025. Do not return via unsecured email. To request secure upload link email aphcensus@wcbvi.k12.wi.us