



Dear Parent or Guardian,

This year at Thomas Edison North, we will be doing vision screenings for kindergarten, 1st, 3rd, 5th, and 7th graders. We feel a child's ability to see greatly impacts his or her ability to learn. Children often do not identify a vision deficiency themselves: therefore, school vision screening may become the first identifier of a potential problem. **The screening will take place on Thursday, September 25th. If you would prefer to not have your child screened, please sign and return this form to the office by Thursday, September 18, 2025.**

VISION SCREENING OPT-OUT FORM

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.

Student Name: _____ DOB: _____ School Year: _____

School: _____ Grade: _____ Teacher: _____

Parent to Complete

As parent of the above named student, I **do not** want my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing.

I understand that this request is for the **current school year only**. This form may be re-submitted each school year that my student is tested.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____