Springs CHARTER SCHOOLS
EMPIRE SPRINGS HARBOR SPRINGS RIVER SPRINGS

VISION AND HEARING SCREENING PERMISSION SLIP

Springs Charter Schools will provide an opportunity for vision and hearing screening for students in TK, K, 2, 5, 8 (and 10th and 11th for hearing) and any student entering school for the first time. It is also necessary for a student to be screened for vision and hearing if he/she will be going through Special Education assessment and/or have been referred by their classroom teacher for screening. If your student falls into one of these categories, and you would like to have your student tested, please fill out this permission slip and bring it with you to the screening appointment.

By completing and signing this form, you (parent/guardian) give permission to Springs Charter Schools to provide vision and hearing screening to your student.. Screenings will be conducted by either the school nurse or contracted nurse providers.

Student Name: _____

Date of Birth:_____ Grade: _____

School site/program: _____

Student has an Individualized Education Plan (IEP): (circle) Y / N

Student wears glasses/lenses: (circle) Y / N
**If yes, the student must wear glasses/lenses for the screening.*

Parent's name (printed) _____

_____ _____
Parent's Signature Date

Don't Forget! Call 951-252-8833 for an appointment.

In order to be screened, you **must** make an appointment for the designated screening day.
Appointments are made in 10 minute increments so please be sure to be on time.
Please call the Pupil Services Department at (951) 252-8833 to make an appointment.

To view the schedule, visit http://springscharterschools.org/current-students-parents/school-health-plan/