Springs CHARTER SCHOOLS
EMPIRE SPRINGS HARBOR SPRINGS RIVER SPRINGS CITRUS SPRINGS

VISION & HEARING WAIVER FORM

This year all students in grades K, 2, 5 and 8 will be screened for vision and hearing.

Please sign below and return to the school receptionist only if you ***do not want*** your child included in the Vision & Hearing screening.

I do not wish my son/daughter to be included in the Vision & Hearing screening.

Student Name _____

School _____

Grade _____ Teacher_____

_____
Parent's name (printed)

_____ _____
Parent's Signature Date