# Vision and Hearing Screening Notification

Dear Parent/Guardian,  
  
Students who see and hear well tend to perform better in school. Good vision and hearing contribute to improved attendance, higher test scores, and overall classroom success.  
  
Each year, our school conducts:  
- Hearing and vision screenings for 3rd grade students  
- Vision screenings for 5th grade students

-Vision Screenings for 7th grade students   
  
These screenings are performed by the school nurse between October and December 2025. If your child does not pass a screening, you will receive a notification. This notice will include recommendations for further evaluation by an optometrist/ophthalmologist (for vision concerns) or an audiologist (for hearing concerns).  
  
If you prefer to opt your child out of these screenings, please complete and return the form below to the school nurse by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
  
If you have any questions or concerns, please contact the school nurse at:  
📞 (555) 123-4567  
📧 nurse@boe.richmond.k12.ga.us

## If you do not wish for your child to participate in the vision and/or hearing screening conducted by the school nurse, please complete the information below.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: ☐ 3rd Grade ☐ 5th Grade ☐ 7th Grade

Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_