WCSD VISION SCREENING OPT-OUT FORM

| As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.  |
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| Student name: | DOB: | School Year: |
| School: | Grade: | Teacher: |
| **Parent to Complete** |
| As parent of the above named student, I do not wish for 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. |
| Parent/Guardian Name: |
| Parent/Guardian Signature: | Date: |