

WCSD 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 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: