



Providence Hall Charter School Vision Screening Opt-Out Form

Providence Hall will be conducting vision screenings every year in Kindergarten, 1st, 3rd, 5th, 7th and 9th grades. State law requires parents be informed that school vision screening is not a substitute for a complete eye exam/vision evaluation by an eye doctor. It is recommended that your child see an eye care specialist yearly. School screenings assess students' visual acuity and do not evaluate eye health or prescribe treatments. Because academic learning is 80% visual, healthy eyes and good vision are essential for success in school.

You will receive a referral letter if your child fails the screening.

Please provide the school with written notification if you **DO NOT** want your child to participate in the screening program. Please fill out the bottom portion and return to the front office, or email a copy to the appropriate nurse listed below.

Thank you for your cooperation,

Bree Ponce, RN (Junior High/High School) bponce@providencehall.com

Sami Bushnell, RN (Elementary) sbushnell@providencehall.com

I do not wish for my child to participate in the vision screening.

Student's Full Name (as in Skyward)

Date

Printed name of parent/guardian

Signature of parent/guardian