

Hearing or Vision Screening at Innocademy

Vision Screening Grades 1, 3, 5 and 7th

Hearing Screening Grades K, 2 and 4th

I would like to opt out of hearing or vision screening for my child

_____ (first and last name) for this academic year

2023-2024. My child's date of birth is _____(month/day/year).

Parent or Guardian's Name

Parent or Guardian's Signature

Date
