HERITAGE ACADEMY
Building America's Heroes, Together

Hearing & Vision Opt Out Form

To Whom It May Concern:

I do not wish for my child to have the following screenings during the 20 ____ - 20 ____ school year. I understand that if I wish to change my decision as stated on this form, I must do so in writing. Furthermore, I understand that I must refile the "opt out" form in subsequent years and that this form applies only to the school year listed above and not the calendar year.

My Child's Name: _____ Student ID #: _____
D.o.B.: _____

Exclude from:

- ☐ Hearing
- ☐ Vision

due to the following reason(s) stated below: _____
_____
_____
_____
_____

Date: _____

Parent / Guardian Name (printed): _____

Parent / Guardian Name (signature): _____