Vision or Hearing Screening Announcement

During the ________________ school year, our nurse will be performing specific California mandated screenings of students.

**Insert:**

All 7th grade students will receive vision screening during the month of ________________

Or All 7th grade students will receive vision screening during the ________________ semester

**or**

All 8th grade students will receive hearing screening during the month of ________________

Or All 8th grade students will receive hearing screening during the ________________ semester

If you would prefer that your child not receive the screening, please submit a letter to the principal before screening begins.

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**Insert:**

All 10th grade students will receive hearing screening during the month of ________________

Or All 10th grade students will receive hearing screening during the ________________ semester