



2277 South 3000 East
St. George, UT 84790

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.

Student Name:	DOB:	School Year: 2023-2024
School:	Grade:	Teacher:

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:
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