



2277 South 3000 East
St. George, UT 84790

As allowed in UCA 53G-9-404 (2024) a parent may opt their student out of vision screening.		
Student Name:	DOB:	School Year: 2024-2025
School: George Washington Academy	Grade:	Teacher:
<p>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.</p> <p>I understand that this request is for the current school year only. This form may be re-submitted each school year.</p>		
Parent/Guardian Name:		
Parent/Guardian Signature:	Date:	