North Yarmouth Academy
Vision and Hearing Testing

I _____, would decline the option to have _____

(Parent Name) **(Student Name)**

screened for the following (circle if you wish to NOT have tested)

Vision **Hearing**

Parent Signature: _____ Date: _____

<u>Testing Schedule</u>

Vision: Grades K, 1, 3, 5, 7 & 9

Hearing: Grades K, 1, 3, 5 & 7