



Union High School District

SCHOOL HEALTH SCREENING PROGRAM
PARENT OPT-OUT FORM

Dear Parent/Guardian:

The San Dieguito Union High School District will provide the health screening below as required by California law:

Vision Screening - Grades 8 & 10 only or As part of a special education evaluation

Hearing Screening - Grades 8 & 10 only or As part of a special education evaluation

If you do NOT wish for your student to participate in these screening activities, check the appropriate box(es), complete student information, parent information and sign below:

[] Vision

[] Hearing

Student's Name : _____

Student ID: _____

Current School: _____

Grade: _____

Parent/Guardian's Name: _____ (Please Print)

Parent Home or Cell Phone: _____

Parent Email: _____

Address: _____

Parent/Guardian's Signature: _____

Date: _____

Note: Please return this form to the health office of your student's school.