Good Foundations Academy

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Main: 801.393.2950 FAX: 385.333.7245
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Annual Vision Screening & Opt-Out Form

Dear Parent or Guardian,

Vision screenings will begin on **Monday, August 10th**.

Vision screenings will be provided for students in 1st, 3rd, and 5th grades, new students, and students with specific vision needs or concerns. If your child wears glasses or contact lenses, please be sure they wear them on the day of the screening. This will help us ensure their vision is accurately assessed and determine whether a prescription may be needed.

Good vision is important for learning, reading, classroom participation, sports, and daily activities. Vision screening helps identify students who may need follow-up eye care.

A vision screening is not a diagnosis and does not replace a complete eye exam by an eye doctor. If your student does not pass the screening, is unable to complete the screening, or shows signs of a possible vision problem, you will receive a referral recommending an eye exam by an optometrist or ophthalmologist.

If you do not want your student to participate in vision screening, you must notify the school in writing each school year. If you DO NOT want your student to participate, please complete the Opt-Out form below.

Please contact Stephanie Prieto at 801-393-2950 or sprieto@gfautah.org if you have questions.

Thank you for helping us support student vision, learning, and health.

As allowed in UCA 53G-9-404 (2019), a parent may opt their student out of vision screening.		
Student name:	DOB:	School Year: **2027**
School: **Good Foundations Academy**	Grade:	Teacher:
Parent to Complete		
As the 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 resubmitted each school year.		
Parent/Guardian Name:		
Parent/Guardian Signature:		Date: