



## Hearing Screening Program Parent Opt-Out Form

Dear Parent/Guardian,

The Park City School District provides free hearing screenings by qualified Speech and Language Therapists at all elementary schools for Kindergarten, 1st and 3rd graders.

If you **DO NOT** want your child to participate in the free screenings offered at PCSD, complete the information below, sign, and return the form to your child’s school.

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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**I DO NOT** want my child to have the free hearing screening offered by PCSD.

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_