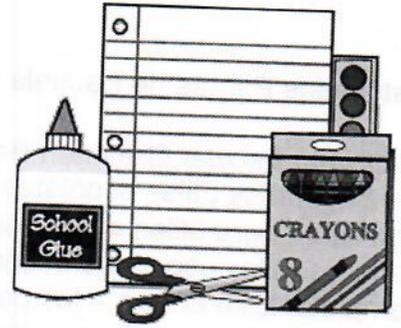


Dear Elementary School Parents,

Gresham-Barlow School District established a per student classroom supply fee which will cover the entire year's supplies for all student classes. Going to a per student classroom supply fee helps ensure that each student has the specific school supplies needed to fully participate in class. This saves parents time and money and enables our schools to buy school supplies at bulk rates.



This \$25 per student classroom supply fee takes the place of the individual class supply lists. As a reminder, families are expected to provide their own students' backpacks.

Please pay the school supply fee during the first week of school. Each school will communicate their process for collecting the fees.

If this classroom supply fee is a burden, please contact your child's teacher or school principal. Thank you for your support of our school and students.



Dr. A. Katrise Perera, Superintendent

Gresham-Barlow School District No. 10Jt
1331 NW Eastman Parkway, Gresham, OR 97030-3825
www.gresham.k12.or.us

Phone: (503) 261-4555
Fax: (503) 261-4554

VISION SCREENING CERTIFICATION

Note: This form applies to all students 7 years of age or younger and who are beginning an educational program with the educational provider for the first time.

Student's Name: _____ Grade: _____

School: _____ Date of Birth: ____/____/____

VISION SCREENING

See 2013 Oregon HB3000 Section 1: (2)(a) through (3)(b)

SECTION ONE:

Did your student receive a vision screening or eye exam by a provider other than at school? YES NO

Vision screening or eye exam date: _____ Results: Pass Referred (Did Not Pass)

Name of provider who conducted the screening or eye exam: _____

- OR -

SECTION TWO:

I have previously submitted certification to: _____

(Name of School/Educational Provider)

- OR -

SECTION THREE:

I am not providing certification of vision screening/exam due to:

Submitted to Prior School/Educational Provider Religious Beliefs Financial Burden

Do Not Have Access to Provider Unable to Schedule Appointment with Provider

Parent/Guardian Signature

Date