CACHE COUNTY SCHOOL DISTRICT
Vision Screening Opt-Out Form

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.

Student name:	Date of birth:	School year:
School:	Grade:	Teacher:

Parent to complete

As parent of the above named student, I do not want my student to have a vision screening during this school year. I understand that I may change my mind at any time and must notify the school in writing if I change my mind.

I understand this request is for the current school year only. This form must be re-submitted each school year to continue to opt-out my student from vision screening.

Parent/guardian name:	
Parent/guardian signature:	Date: