MONTPELIER EXEMPTED VILLAGE SCHOOLS
1015 EAST BROWN RD.
P.O. BOX 193
MONTPELIER, OHIO 43543

PHONE: (419) 485-6704
FAX: (419) 485-3487

Date:_____

To: Parent(s)/Guardian of _____

Hearing and Vision Screening Waiver

School year 20___- 20___

I, _____, the parent/legal guardian of

_____, request that he/she be exempt from the state mandated annual school hearing and vision screening/monitoring for the current school year. I understand that **this waiver to exclude my child needs to be renewed each school year** or my child's vision and hearing may be screened/monitored as mandated by the Ohio Department of Health guidelines. I understand by choosing to exempt my child from the district vision and hearing screening/monitoring, I cannot hold the district liable in any way for any undetected changes in vision/hearing health or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/hearing health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide written and signed notice to the school nurse.

_____ _____
Signature of Parent/legal guardian Date

_____
Printed name of parent/legal guardian

SUPERINTENDENT
MR TRAVIS LICHTY

CFO/TREASURER
ERIC SMELTZER

MISSION STATEMENT
In partnership with family and community, the Mission of the Montpelier Exempted Village School District is to educate students to their maximum potential and motivate them to be productive and responsible citizens.