Destiny School

Parent Acknowledgement and Disclosure Form

School: _____

Parent/Guardian Name: _____

Student's Name/Grade: (List all that attend)

- Hearing and Vision Screening Information
  Children in these groups will be tested UNLESS parents opt out below:
  - All students enrolled in, Kindergarten, 1st, 3rd,5th, and 7th grades
  - All student who are newly enrolled to Destiny School or were retained the 25/26 School Year
  - All students with special education services as required by A.R.S. § 15-7-4 and A.A.C. R7-2-401

- Vision Screening Only
  Children in these groups will be tested UNLESS parents opt out below:

  Students in 4th, 6th and 8th who do not read at grade level

  ____ I DO NOT wish for my child to have Vision/Hearing screenings

Parent/Guardian Signature:_____Date:_____

For Office Use Only

Recorded by: _____ **Date:** _____