



1120 Dahlonega Highway • Cumming, Georgia 30040 • Telephone 770.887.2461 • Fax 770.781.6632

Vision and Hearing Screening Request

Student Name: _____ Teacher: _____

Forsyth County Schools has permission to screen my child for vision and hearing.

Parent/Guardian:

Parent/Guardian Signature

Date

For Office Use Only:

Requested by _____

Department _____

Near Vision Screening Required ___ Yes ___ No