

**Chandler Unified School District  
1525 West Frye Road  
Chandler, AZ 85224**

**Hearing and Vision Screening**

I do not wish to have my student participate in the district's hearing and vision screening program.

Please choose if this is temporary or permanent. If temporary, you must specify an end date.

\_\_\_\_\_ Permanent

\_\_\_\_\_ Temporary until \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date