

# Calvert School

105 Tuscany Road  
Baltimore, Maryland 21210  
410-243-6054 \* FAX 410-243-0384

April 2009

Dear Parents,

During the fall and winter of 2009-10, I will be conducting vision screenings for **all** students at Calvert School. I will conduct hearing screenings for all new students, Seventh Age students, and Eighth Grade as mandated by the State.

If either of these screenings shows that your child may have a problem, you will be notified and asked to take your child for further evaluation. Please sign the form below if you do **NOT** want your child to participate in this program, and return to Calvert by August 14, 2009. If we do not receive the form, we will screen your child.

Sincerely,

Margie Whitman, RN  
School Nurse

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To: Margie Whitman, RN  
Re: Vision and Hearing Screening Program

I do **NOT** want my child \_\_\_\_\_ to participate in the screening program.

Signature: \_\_\_\_\_  
(parent or guardian) (date)