



**Newburyport Public Schools
NHS
Health Office**

Dear Parent/Guardian:

The Health Office of the Newburyport High School will be completing state mandated screenings for VISION and HEARING for all 10th grade students during fall and spring semester. We will conduct screenings during physical education classes to allow uninterrupted instructional time.

You will only be notified for any concerning results.

Parents/and legal guardians can request that their child not participate in the screening. If you choose to have your child opt out of the Vision and/or Hearing screening please sign the bottom of this letter and return to the health office.

If you have any questions please feel free to contact nursing staff.

*Angela Casella, BSN RN -School Nurse
Sue Anderson, BSN RN -School Nurse
Newburyport High School
(978) 465-4440 X 5025*

I wish for my child _____ in grade _____ to be exempt from:

Vision _____

Hearing _____

Parent/Guardian
signature: _____