



Hearing Screening Program Parent Opt-Out Form

Dear Parent/Guardian,

The Park City School District provides free hearing screenings by qualified Speech and Language Therapists at all elementary schools for Kindergarten, 1st and 3rd graders.

If you **DO NOT** want your child to participate in the free screenings offered at PCSD, complete the information below, sign, and return the form to your child's school.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

I DO NOT want my child to have the free hearing screening offered by PCSD.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____