

**Kingston Hill Academy**  
**Permission for Annual Screenings**

Dear Parent or Guardian,

The General Laws of the State of Rhode Island 23-1-18(4) section R16-21 SCHO, Rules and Regulations for School Health Programs, require the following mandatory health screenings during the school year.

Vision Screening – Grades K, 1, 2, 3, 4, 7, and 9

Hearing Screening – Grades pre-school, K, 1, 2, 3

Dental Screening – Grades K-5 and 9 (with private dentist once a year)

Scoliosis Screening – Grade 6

*If you choose not to take part in any of the required screenings, to do so, it is your responsibility to provide the school with satisfactory evidence that the screenings required have been completed within the proceeding six months.*

If you would like the school to arrange screening, please mark the screenings that you would like the school to conduct and return to KHA.

**You must check (Yes) or (No) for each item.**

By checking (No) you are indicating that you are taking the responsibility to supply evidence of the required screenings.

Vision Screening \_\_\_\_\_ Yes, I want my child screened at KHA.  
K-4 \_\_\_\_\_ No, I do not want my child screened at KHA.

Hearing Screening \_\_\_\_\_ Yes, I want my child screened at KHA.  
K-3 \_\_\_\_\_ No, I do not want my child screened at KHA.

Dental Screening \_\_\_\_\_ Yes, I want my child screened at KHA.  
K-5 \_\_\_\_\_ No, I do not want my child screened at KHA.

Scoliosis Screening \_\_\_\_\_ Yes, I want my child screened at KHA.  
(6<sup>th</sup> only) \_\_\_\_\_ No, I do not want my child screened at KHA.

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Thank You,

Daniel Parker  
KHA Director