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ALABAMA CHRISTIAN
ACADEMY

4700 Wares Ferry Road
Montgomery, Alabama 36109
www.alabamachristian.com

Student: _____

K-5 Kachelman K-5 Lyle 2nd Brolund 2nd Donaldson 4th Sansom 4th Hatcher

Dear Parent/Guardian:

It is time for **Vision Screening at ACA**. This is offered to students in Grades K-5, 2nd and 4th grades, or for any student in other grades that parents or teachers may feel has a potential problem. Dr. Nikki Hill (a pediatric Ophthalmologist) will donate her time to do these annual screenings on Tuesday October 27th.

Whatever your decision, please sign on the appropriate line and have your child **return this form to his/her Homeroom Teacher by Friday October 23rd**. If you decide to have your child screened, you will be given the results that week.

For further answers feel free to contact me at mhatcher@alabamachristian.com

Thank you,

Melany Hatcher, RN

<input type="checkbox"/> I do NOT want my child to have Vision Screening. Signed: _____
<input type="checkbox"/> I DO want my child to have Vision Screening. Signed: _____
<input type="checkbox"/> This test showed normal findings. No further testing needed at this time. Examined by: _____ Date: _____
<input type="checkbox"/> This test showed some questionable findings. I feel there is additional testing needed by your Primary Care Physician/ Eye Specialist. Examined by: _____ Date: _____