

# Newton County Board of Education

## PARENT APPROVAL FORM

---

Child's Name

---

Child's Birth Date

---

Address

---

Telephone

I hereby give my permission for my child to be screened for vision, hearing, dental, and academic readiness by qualified personnel of the Newton County Board of Education and of the Newton County Health Department.

---

Signature of Parent or Guardian

---

Date

---

Elementary School Attendance Zone