



Dear Parent:

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Friends for Sight is a non-profit organization that works passionately each day to save sight and change lives.

Our sole purpose is to provide free vision screenings that can detect possible preventable blindness factors and to assess if children are seeing as they should for their age. We do not sell anything, nor do we work with any specific company or eye care facility. Over the past 61 years, our trained volunteers have screened over 597,000 children in Utah.

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In the next few weeks, we will be performing vision screenings at your school. Please be sure that if your child wears glasses that he or she brings them to school so we can perform a proper screening.

If your child cannot see at the appropriate distance for their age, a referral form will be sent home with your child. This sheet will give you more detail, and is a good indication that scheduling a full eye exam for your child should be a priority. Please remember that a vision screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor.

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Since no child should be denied proper eye care because of finances, Friends for Sight has several partnerships that provide free eye exams and glasses for those who qualify for financial assistance.

If you have any questions regarding vision screening, ages when full exams are recommended or would like any additional information, please call us at (801) 524-2020 or visit our website www.friendsforsight.org.

EXECUTIVE DIRECTOR

Kate Edwards

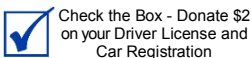
As a non-profit that relies on donations to fund our free screenings, please consider donating \$2 to Friends for Sight when you renew your driver license or vehicle registration.

We are looking forward to screening your child at school.

Sincerely,

Friends for Sight Staff and Volunteers

Contributions are tax deductible in accordance with I.R.S. Section 501 (c)(3)





C.S. LEWIS
ACADEMY

INSTILLING ACCOUNTABILITY, RESPONSIBILITY, & RESPECT.

364 NORTH SR. 198 SANTAQUIN, UTAH 84655
PHONE: 801.754.3376 FAX: 801.754.3102

October 04,2018

Due to a personal belief, ***I do not wish*** for my child to have a vision screening during the 2018-2019 school year. I understand that I may change my mind at any time and will do so in writing.

My child's name is: _____

School: C.S. Lewis Academy Grade: _____ Teacher: _____

Signature: _____ Date: _____

Printed Name: _____

I am the child's: _____ parent _____ guardian