

Dear parents and caregivers,

Vision Centre Optometrists, Botany have kindly offered to vision screen all of our children free of charge.

If you agree to your child taking part in the screening they will be assessed here at school during the day either next week or in the first 3 weeks of term 2. The test takes approximately 5 minutes.

Various aspects of your child's vision will be assessed – their ability to see far and close, eye alignment, stereovision, 3D vision, eye health and others.

Vision is an important factor in ensuring your child is able to learn effectively in the classroom.

After the screening Vision Centre will send a report home outlining your child's performance in the screen.

Please do not hesitate to contact me if you require further information.

Deidre Alderson
Principal

I, _____ give permission for
Parent/Guardian Room _____

Child's Name
to participate in the Vision Screening at Willowbank School by Vision Centre Optometrists.

Our family does / does not (cross out one) hold a Community Services Card

My child's details are:

Date of Birth _____

School Year Level _____

Home Phone Number _____

Postal Address _____
