Parental Acknowledgement and Disclosure Forms

School: _____________________________________________________

Parent/Guardian Name: ________________________________________

Student’s Name/grade:(list all that attend)
___________________________________________________________
___________________________________________________________

By signing below, I certify that I have received the following district parental acknowledgement forms:

▪ Student-Parent Handbook/Discipline Procedure 21-22

__________________________________________________________

Student Signature

▪ EIS Electronic Information Services User Agreement
  Do you have internet connectivity in your home ____Yes _____No
  Do you have a mobile device that has access to internet service, which is available for your student’s use? ____ Yes _____No

▪ Hearing and Vision Screening Information (back of page)
  Children in these groups will be tested UNLESS parents opt out below:
  • All students enrolled in Preschool, Kindergarten, 1st, 3rd, 5th, 7th, and 9th grades
  • All student who are newly enrolled to Dysart Unified School District
  • All students with special education services as required by A.R.S. 15-7-4 and A.A.C. R7-2-401
  ____ I Do Not wish for my child to have Vision/Hearing screenings in the 21-22 school year.

Parent/Guardian Signature __________________________ Date __________

For Office Use Only

Recorded in Infinite Campus? □ Recorded by: ___________________________ Date: __________
Notification of Hearing and Vision Screening

Vision and hearing is vital to your student’s academic success in school. Pursuant to A.R.S. Section 36-899.01 and A.A.C. R9-13-104, state law and administrative regulations require schools to administer hearing and vision screenings to the following groups of students each school year:

- All students enrolled in Preschool, Kindergarten, 1st, 3rd, 5th, 7th, and 9th grades.
- All students who are newly enrolled to Dysart Unified School District
- All students with special education services as required by A.R.S. 15-7-4 and A.A.C. R7-2-401

Pursuant to A.R.S. Section 36-899.04 and A.A.C. R9-13-102, students will be excluded from hearing screenings for the following reasons:

- The student is deaf or hard of hearing and/or wears a listening device (will be referred to an audiologist)
- The parent completes and submits the Objection to Screening Form

If your student has documentation of medical vision and/or hearing testing within the last 12 months, we request that you provide a copy of the results to your school’s health office.