With this statement I (name of parent/guardian)_____certify that my child's hearing and vision screening records are current and on file at the school my child (name of child) _____ attends away from Multilingual Academy (Summer Program or After School Program).

My child's school information:

Name of school:_____

Address of school:_____

Grade my child attends during 2025-2026 school year:_____

Telephone number of the school:_____

Signature of parent/guardian:_____ Date:_____