



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 the 2023-2024 school year: _____

Telephone number of the school: _____

Signature of parent/guardian: _____ Date: _____