

Dear Parents and Guardians:

The Calais School is required by New Jersey law to provide all students between the ages of 10 and 18 a Scoliosis Screening every two (2) years. The Scoliosis Screening will be conducted by our school nurse.

However, as stated in the Guidelines, upon a written request of a parent or guardian, your child will be exempt from the screening and will not be penalized in any way. We do encourage you to have your child screened. The screening is painless and takes only a few moments in the nurse's office.

Should you <u>choose not</u> to have your child screened, please sign the form below and return it to school. If you have questions about Scoliosis Screening, please call the school nurse.

Thank you for your attention and cooperation.

Sincerely, Theresa Fritzky Principal

PLEASE RETURN THIS FORM IF YOU <u>DO NOT</u> WISH YOUR CHILD TO HAVE A SCOLIOSIS SCREENING.

| Date: | |
|--|--------------------------------|
| I do not want my child (please print name)to have a Scoliosis Screening. | |
| (Please Print Parent/Guardian Name) | (Signature of Parent/Guardian) |