

Camden County Schools

Dr. William C. Hardin, Superintendent

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Kingsland, GA 31548

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STUDENT _____

PLEASE COMPLETE THIS FORM AND RETURN TO

_____ **TOMORROW.**
SCHOOL

____ I agree for my child to be screened in the areas of Vision/Hearing and Audiology.

____ I do not agree for my child to be screened in the areas listed above. My reasons are:

Date

Parent/Guardian

Board Members:

Herbert Rowland, Chairman · Daniel Simpson, Vice-Chairman
Doug Benton · Jimmy Coffel · Randy Lee