

Yearly Vision Screening Notification

Dear [Parent/Guardian's Name],

We hope this message finds you well. As part of our commitment to the health and well-being of our students, we are writing to remind you that the yearly vision screening for [Student's Name] will take place on [Date] at [Location].

This screening is important for detecting any vision issues early and ensuring that your child has the best possible learning experience. Please encourage your child to wear their glasses or contact lenses (if applicable) on the day of the screening.

If you have any questions or concerns, please feel free to contact us at [Contact Information]. Thank you for your cooperation in helping us maintain the health of our students.

Sincerely,

[Your Name]

[Your Title]

[School Name]

[Contact Information]