

# Dear Parents and Guardians,

We are writing to inform you that our school will be conducting scoliosis screenings for students on **[Date]**. This is a routine examination aimed at identifying any potential spinal abnormalities.

The screenings will take place in **[Location]** from **[Time]**. It is important for your child to wear comfortable clothing that allows for easy movement.

If you have any concerns or would like to opt out of the screening, please contact the school nurse at **[Contact Information]** by **[Opt-Out Deadline]**.

Thank you for your cooperation and support in keeping our students healthy.

Sincerely,  
**[Your Name]**  
**[Your Title]**  
**[School Name]**  
**[School Contact Information]**