	This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.							
	(Approved by North C	arolina Donartment of Public II	nstruction and Department of Health and Human Services)					
	(Approved by North C	arolina Department or Fublic II	Istruction and Department of Fleatur and Fluman Services)					
	:							
	(Last)	(First)	(Middle)					
	(2007)	()	(
			Home:					
			Work:					
			VVOI K.					
			Cell Phone:					
Passed vision so	reening: Yes No							
Passed vision screening: Yes No Concerns related to student's vision:								

