



UNITED HERZLIA SCHOOLS

בתיה"ס המאוחדים הרצליה

VISUAL SCREENING BY A REGISTERED ORTHOPTIST

Dear Parents

In order to serve the best interests of your child, the above service is offered to children at the Herzlia Pre-Primary Schools.

It is most important that any hearing and/or speech problem be detected as early as possible in order to rectify or monitor the situation effectively.

Your account for the Third Term fees will include an additional fee of R100.00 per child, which will cover the cost of this service.

Thank you for your kind co-operation.

Yours sincerely

JOS HORWITZ
EARLY CHILDHOOD EDUCATION DIRECTOR

NAME OF CHILD: _____

DATE OF BIRTH: _____

CLASS TEACHER: _____

DOES ANY MEMBER OF YOUR FAMILY WEAR GLASSES? YES NO

IF YES, GIVE DETAILS: _____

I hereby give permission for my child to be screened by the Orthoptist and for the results to be discussed with the teachers.

NAME: _____ SIGNATURE: _____ DATE: _____