



**Glasses to Classes**  
**Optical Academy**  
800-530-2730  
www.optical-academy.com

IF YOU WANT YOUR CHILD TO TAKE PART IN THIS VISION PROGRAM, PLEASE DO NOT FILL OUT THIS FORM.

Dear Parent/Guardian,

We are so excited to announce that Optical Academy will be coming to your child's school this month. The **Optical Academy Glasses to Glasses Program** works within schools to provide vision screenings, eye exams, and eyeglasses to children who fail their vision screening. Eyeglasses will be processed and shipped to the school 2-3 weeks after our visit. If your child requires further evaluation, you will be notified. For additional information or if you have any questions please contact at [info@optical-academy.com](mailto:info@optical-academy.com) or call: 800-350-2730.

If you **do not** want your child taking part in this program, **please sign** below and return to the school. If you want your child to receive a vision screening and eyewear then do not return this form. If you have any concerns or questions, please contact the school.

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Return if you **do not** want your child to receive vision screening:

I **do not** give permission, for my child  
(Student's Name) \_\_\_\_\_  
to participate in the Optical Academy Program.

Parent's  
Signature \_\_\_\_\_ Date \_\_\_\_\_