



Cloverleaf Local Schools

8525 Friendsville Road
Lodi, Ohio 44254
Telephone: (330) 948-2500

High School

8525 Friendsville Road
Lodi, OH 44254
Ms. Jamie Lormeau, Principal
Mr. Bart Randolph, Associate Principal
Phone: (330) 302-0328
Fax: (330) 302-0530

Middle School

7500 Buffham Road
Seville, OH 44273
Mr. Brian Madigan, Principal
Ms. Kristina Yako, Asst. Principal
Phone: (330) 302-0207
Fax: (330) 302-0520

Elementary School

8337 Friendsville Road
Seville, OH 44273
Mrs. Karen Martin, Principal, K-3
Mr. Michael Moody, Principal, PreK, 4th&5th
Phone: (330) 302-0103
Fax: (330) 302-0080

Special Services

8525 Friendsville Road
Lodi, OH 44254
Mrs. Nicole Stalter
Director
Phone: (330) 302-0317
Fax: (330) 302-0529

Vision Screening Waiver

Date: _____

Parent(s)/Guardian of _____

Student's Name

School Vision Screening Waiver

Year: 20____ - _____

School: _____

I _____, the parent/legal guardian of _____, request that he/she be exempt from the state mandated annual school vision screening/monitoring for the current school year. I understand that this waiver to exclude my child needs to be renewed each school year or my child's vision may be screened/ monitored as mandated by the Ohio Department of Health guidelines for school vision screenings. I understand by choosing to exempt my child from the district vision screening/monitoring, I cannot hold the district liable in any way for any undetected changes in vision/vision health or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/vision health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school nurse at least two weeks prior to the school's scheduled vision screening/monitoring.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

This area for Nurse use only:

Received by: _____ Date: _____