

Due West Elementary School

Cobb County School District
"A community with a passion for learning"



Peggy Fleming
Principal

Student's Name

Date

Dear Parents:

Your child has been referred for a hearing screening. If your child is able to pass this screening, no further information will be sent to you. However, if your child is unable to pass the screening, a letter will be sent to you in approximately three weeks advising you of the results and recommendations.

Thank you for your assistance.

Sincerely,

Examiner's Signature

I hereby grant my permission for the following:

A hearing screening of my child by the representatives for Cobb County Public Schools.

Parent or Guardian Signature

Date

PLEASE RETURN TO: _____