

Vision to Learn Principal Approval Form

Due by October 30, 2018

Date: _____

School Name: _____ Local District: _____

Telephone No.: _____ Total Enrollment: _____

Principal's Name: _____

Principal's Signature: _____

School Designee Name: _____

School Designee Title: _____

School Designee Email: _____

School Designee Telephone No.: _____

Are you interested in Vision to Learn conducting vision screenings/exams for students on your school campus and would you like to receive proposed dates for a mobile clinic visit? (If you already submitted an Approval Form in the 2017-2018 school year, you do not need to re-submit another form).

☐ Yes, I am interested and would like to schedule a date/time for a mobile clinic visit.

☐ No, I am not interested in scheduling a mobile clinic visit.

Schools will be served in the order of receipt of Approval Form and the Equity Index.

Please return completed form to:

Ricardo Lopez, Organization Facilitator

ricardo.l.lopez@lausd.net

Office: (213) 241-0137

Fax: (213) 241-3350