THE BRITISH INTERNATIONAL SCHOOL
SHANGHAI, PUXI
A NORD ANGLIA EDUCATION SCHOOL

111 Jinguang Road, Huacao Town
Minhang, Shanghai, 201107
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10 October 2016

RE: VISUAL SCREENING 18 OCTOBER 2016

Dear Parent/Guardian

We are happy to announce that we will soon be offering our annual visual screening for all BISS pupils. Good eye health, reinforced by a full eye examination, is important for a child's general health.

The screening will be performed by the Shanghai United Family Hospital (re-named Shanghai He Manjia Clinic Co, Ltd). They are professionals committed to educating patients on good ocular health and preventative eye care. Each visual screening will be completed by a qualified optometrist from Shanghai He Manjia Clinic Co, Ltd and will follow international infection control standards. The examination is a non-invasive, painless procedure that all children should undergo on a regular basis.

The optometrists will be attending the school to complete a basic visual screening on 18th October 2016, please note, no set appointment date or time will be allocated to your child. If you would like your child's vision to be tested, please complete the form below and return it, together with the screening fee of 200RMB, to the Uniform Shop in the Primary Parents' Hub by Friday 14 October 2016. The results will be sent home with the children a few days later.

Avoid putting money in your child's school bag, as envelopes might get lost or your child might forget to hand the envelope in on time. Chinese-style receipts (fapiaos) are available on request. Refunds in case of absence/illness will be available as of Wednesday 20 October at the Uniform Shop.

Yours sincerely

The School Nurses

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PARENTAL CONSENT AND REPLY SLIP: VISUAL SCREENING 18 OCTOBER 2016

Please return to the Uniform Shop by Friday 14 October 2016. No late applications will be accepted. Please fill in ONE consent form per child.

I give permission for my child (full name) …… Class……..
to attend the visual screening. I also give permission for the results to be released to the Head of School and class teachers.

Please find enclosed …… RMB (please include correct amount of money for visual screening).

Please Print Name: …….. (Parent/Guardian) Date ……

Signature ……..……..…… Phone number ……..,,….