

Wilkes County Schools

School District: _____ School: _____

Student Name: _____

Ethnicity: _____ Race: _____

NC WISE #: _____ DOB _____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: Home: _____

Work: _____

Cell: _____

Grade/Teacher of Record:	Vision Screening	Hearing Screening
K _____	Date: _____ Results: _____	Date: _____ Results: _____
1 st _____	Date: _____ Results: _____	Date: _____ Results: _____
2 nd _____	Date: _____ Results: _____	Date: _____ Results: _____
3 rd _____	Date: _____ Results: _____	Date: _____ Results: _____
4 th _____	Date: _____ Results: _____	Date: _____ Results: _____
5 th _____	Date: _____ Results: _____	Date: _____ Results: _____
6 th _____	Date: _____ Results: _____	Date: _____ Results: _____
7 th _____	Date: _____ Results: _____	Date: _____ Results: _____
8 th _____	Date: _____ Results: _____	Date: _____ Results: _____