

Pretoria Preparatory School

Non-Profit Company
NPO Ref No 001-666
EMIS No 700212068 / UMALUSI No 17 SCH01 00280
Company Reg no 1980/002975/08

SPECIALISING IN REMEDIAL EDUCATION

262 Murray Street
Brooklyn
0181
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E-Mail: correspondence2@pretoriaprep.co.za


07 May 2024

Dear Parents/Guardians

We are fortunate to have experienced behavioural optometrists visiting our school on Tuesday, 21 May 2024, to screen the children for possible visual impairments. The cost of the service is R130. The results of the screening will be analyzed and a written report will be sent to you.

Please complete the return slip below, as well as the attached consent form, if you would like your child's vision to be screened. This service is not intended for children who already wear glasses. If your child has already been diagnosed with a visual problem, please return to your optometrist with any queries.

Your sincerely,


Mrs Sherril Wagenaar
Principal
Pretoria Preparatory School

Please detach and return to your child's class teacher before Tuesday, 14 May 2024.

I **agree** to the visual screening for my child and enclose R130 for the service with the completed consent form. (Cash only)

Name of child

Signature of Parent/Guardian

I **do not** wish my child be included in the visual screening.

Name of child

Signature of Parent/Guardian



April 2024

Dear parents,

We are looking forward to performing visual screenings at your school, **Pretoria Preparatory School**

The screenings include the following:

1. Visual acuity and refraction.
2. Pathology
3. Eye movement, focusing and teaming
4. Depth perception
5. Conversion
6. Colour tests
7. Farsightedness tests

Our paediatric visual screenings are aimed at identifying students with visual related developmental problems as well as general visual problems and detect visual conditions that can lead to visual disability. Please know that a visual screening cannot replace a complete comprehensive eye exam. If any issues are identified, a full eye evaluation will be recommended.

Costs involved for the screening is R130 per child. Every child will receive a summary report of his/her screening results. Please note that the attached letter should be completed and provided on or before the day of the screening.

Kind regards,

Martelie Burger

B.Optom(UFS) Prof Cert Peads(Aston UK)

Herewith I,(Parent/Guardian) provide permission that(child) in class may participate to the visual screenings.

Signature

Information:

- Premature birth: _____
- Does have glasses: _____
- Had previous eye test: _____
- Are currently receiving occupational therapy: _____
- Family history: Hyperhopia / Astigmatism / Other _____



Ground Floor
Aviary Building, 60 Glenwood Rd
Lynwood Glen, Pretoria, 0081



283 Denyssen Ave
Mountain View
Pretoria, 0084



www.eyesat.co.za



Martelie Burger nee Sto
B.Optom (UFS)
Prof.Cert Paed Eye Care (