



HOLY TRINITY SCHOOL



Westfield Campus Kindergarten to Grade 8
336 First Street, Westfield, NJ 07090
Ph. 908-233-0484 | Fax 908-233-6204

Mountainside Campus ~ Age 2 to Kindergarten
304 Central Avenue, Mountainside, NJ 07092
Ph. 908-233-1899 | Fax 908-654-6680

Dear Parents/Guardians,

I will be conducting a scoliosis-screening program for all students in grades four, six and eight as required by N.J. State law. **The screening will be done during your child’s gym class during the month of March.** Screenings will continue until every child has been screened.

Scoliosis is a condition in which the spine may curve to the left or to the right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of this program is to recognize scoliosis in its earliest stages.

A student may be exempt from this screening if requested by the parent/guardian, in writing. The bottom portion of this notice must be **returned to school by February 27th.**

The student’s clothing must allow the screener to view the student’s spine for physical findings. *During the month of March, please have your child dress appropriately for this screening on their assigned gym day.*

GIRLS: Should wear a bra, halter top or swimsuit top that allows full view of the spine.

NO CAMISOLES OR UNDERSHIRTS PLEASE.

BOYS: Should wear a polo shirt or gym shirt.

Parents will be informed of any suspect problems. If you wish to be present for the screening you may do so, please indicate on this form and return it to school.

Thank you,

Mary Kaiserman RN
233-1145

Return this portion no later than February 27th

_____ **Grade** _____
Student’s Name

_____ I give permission for my child to be screened by the school nurse for scoliosis.

_____ **I DO NOT** give permission for the screening. My child will be examined by our private physician.

Signature Parent/Guardian

