

School District of Poynette Screening Request

If you would like your child screened, please complete the following and send to:

School District of Poynette: **Director of Student Services**

P.O. Box 10

Poynette, WI 53955-0010

(608) 635-4347 x201

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Day Telephone _____ Evening Telephone _____

Suspected Problem (Please provide as much information as possible):

[illegible]

Statement of Non-Discrimination

It is the policy of the School District of Poynette that no person may be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, pupil services, recreational, or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital, or parental status, sexual orientation, or physical, mental, emotional, or learning disability.