

Ref No.: LPS/Cir/1925/2025-26

02.06.2025

CIRCULAR (Gr. 1)

Dear Parents,

As per the National School Health Screening Guidelines, **Hearing Screening Test (Audiogram)** and **Fluoride Treatment** are recommended for all students of **Grade 1**. These preventive measures are vital in supporting early identification of hearing concerns and in promoting good oral health, both of which play a crucial role in your child's overall development, learning and communication.

In accordance with these guidelines and as part of our school's commitment to student wellbeing. We request you to:

1. Take your child for a **Hearing Screening Test (Audiogram)** at **any licensed audiology center or hospital**.
2. Ensure your child receives a **fluoride Varnish** at licensed dental clinic.
3. Kindly submit the **hard copy** of the above mentioned reports, along with the acknowledgement slip given below, to respective class teachers, by **19th June 2025**.

Please note that the documents submitted will be kept in your child's medical file.

We appreciate your cooperation and commitment to your child's health together in safeguarding and wellbeing of our students.

With regards,

Sd/-

Rafia Zafar Ali
Principal

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ACKNOWLEDGEMENT SLIP

I, _____, parent of _____

Grade & Section: _____ hereby submit the hard copy of Hearing test and fluoride treatment report of my ward.

Parent Signature: -----

Name: -----

Date: -----