SILVER LAKE REGIONAL HIGH SCHOOL

260 Pembroke Street

Telephone (781) 585-3844 x1013

Kingston, Massachusetts 02364	allisonllerena@slrsd.org	Fax (781) 585-6544
August 27, 2025		
Dear Parent or Guardian:		
starting September 15th with coor	al Screening for Students in Grader dination with their Physical Educati tion will be called down to the Healt	on Classes. Those students
	to find early signs of possible spinal not identify young people who may	•
•	lings, you will be notified via official urther evaluation. The majority of st e will not be contacting you.	
If you have any questions or cond 781-585-3844 ext: 1013	cerns, please contact me at <u>allisonl</u>	lerena@slrsd.org or call
Sincerely,		
Allison Llerena, RN School Nurse		
PARENTAL E	EXEMPTION OF POSTURAL SCR	EENING
	d to be screened please fill out the space of the space o	
<i>I DO NOT</i> wish to have my o	child examined for postural screeni	ng
Students Name:	DOB:	

Parent/Guardian Signature: ______ Date: _____