



School Year 2016-2017
Educational Enrichment Foundation
Focus on Vision Application

FOR EEF USE ONLY
Approved: Yes [] No []
Voucher Number: _____
If no, reason: _____

PLEASE PRINT LEGIBLY. Complete ALL sections. Leave no blanks. Incomplete applications will not be considered. Students must meet eligibility requirements. Eligible students may utilize EEF's Focus on Vision program for one eye exam and/or one pair of eyeglasses per rolling 12 month period, if funding is available. Please fax completed application to EEF at 325-8579. Direct questions to EEF by calling 325-8688.

Student's Name: (Last) _____ (First) _____

Home Telephone Number: _____ Date of Birth: _____ Male [] Female []

School Name: _____ Grade: _____ Exceptional Education: Yes [] No []

Free/Reduced Meals: Student qualifies for FREE [] Student qualifies for REDUCED [] Student does NOT qualify [] UNSURE if student qualifies []

Does student have insurance which covers vision care? Yes [] No []

If yes, explain:

Has the need for an eye exam/eyeglasses been substantiated by a school administered vision test? Yes [] No []

If no, explain:

Have glasses been prescribed for this student at any time in the past? Yes [] No [] If yes, provide date of most recent vision exam: _____

REQUIRED: If most recent vision exam was less than one year ago, please contact the parent to obtain a copy of the student's most recent eyeglasses prescription.

If the most recent vision exam was less than one year ago, did you obtain a copy of the most recent eyeglasses prescription? Yes [] No [] N/A []

If no, explain:

If student normally wears eyeglasses, check all that apply: Broken Eyeglasses [] Lost Eyeglasses [] Prescription > 1 Year Old? [] N/A []

Describe any special circumstances EEF should consider when reviewing this application (e.g. Teacher is concerned that student is struggling to see chalkboard.):

TUSD employee authorizing/submitting this application:

Name (print): _____ Signature: _____ Date: _____

School: _____ Title: _____

Email Address: _____ Phone Number: _____

TUSD employee assigned to pick-up Focus on Vision voucher(s) at EEF office:

Name (print): _____ Title: _____

School: _____ Phone Number: _____ Email Address: _____

TUSD employee assigned to accompany student to LensCrafters:

Transporting TUSD students to activities off school campus must comply with applicable TUSD policies.

Name (print): _____ Title: _____

School: _____ Phone Number: _____ Email Address: _____

PARENT/GUARDIAN SIGNATURE: By signing below, I certify that the information provided on this application is true and correct to the best of my knowledge.

Parent/Guardian Name (print) _____ Signature _____ Date _____