

## CERTIFICATE

I, \_\_\_\_\_, the  
Parent/Guardian of \_\_\_\_\_, hereby  
certify that I, as Parent/Guardian, will accept responsibility for  
securing an adequate Georgia Certificate of Ear, Eye and Dental  
Examination (Form 3300) for the above named student within  
thirty (30) days from the date of this certificate. I fully  
understand that at the end of the thirty (30) days this student  
will not be allowed to attend school until this certificate is on file  
in the permanent record.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date