

NORTHERN YORK COUNTY SCHOOL DISTRICT

Family Dentist Report

Dear Parents:

The Pennsylvania School Health Act mandates that all children upon original entry into school (kindergarten or first grade), third grade, and in the seventh grade shall have a dental examination.

Please have this report signed by your family dentist and return it to your child's teacher.

_____	_____	_____	_____
Student's Name	Grade	Teacher	School

I have completed a dental examination on the above student.

_____ All necessary corrections have been made.

_____ Restorations are needed and appointments have been scheduled.

_____	_____	_____
Dentist's Signature	Print Name	Date of exam

Address