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## DENTAL EXAMINATION FORM

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The Pennsylvania School Health Law requires that all students receive a dental examination on entrance to school in **kindergarten, and in 3rd and 7th grades**. A dental examination is also required for students in other grades who have no record of an examination on file in his/her school. This exam can be dated anytime during the 12 months prior to the start of the mandated exam school year. The best interests of your child are served by having a continuous relationship with a family dentist. Please have your child's dentist complete this report form and return it to the Alpha School front office as soon as completed.

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Child's Name: \_\_\_\_\_ Grade : \_\_\_\_\_

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### FOR DENTAL EXAM COMPLETED BY FAMILY DENTIST

If you have had your child examined by the family dentist, please have the dentist sign below and return this form to the school nurse.

I \_\_\_\_\_, performed a dental exam for \_\_\_\_\_  
Dentist Name Student name

on \_\_\_\_\_.  
Date

Signature of Dentist: \_\_\_\_\_

Dental Office Name: \_\_\_\_\_

Dental Office Address: \_\_\_\_\_  
Street City State Zip

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### FOR DENTAL EXAM COMPLETED AT SCHOOL

If you are financially unable to pay for an examination by your family dentist, please sign below and return this form to the school nurse.

The exam will be done at \_\_\_\_\_ on \_\_\_\_\_

I \_\_\_\_\_, do permit my child, \_\_\_\_\_  
Parent/Guardian Name Student name

to receive a Dental examination by the school dentist.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_