## NORTH PENN SCHOOL DISTRICT LANSDALE, PA 19446 DENTAL EXAMINATION

#6e

EXAMS DONE AFTER SEPTEMBER 1 ARE VALID FOR THIS REQUIREMENT

		FOR THIS REQUIREMENT
Student's Name	Grade	Homeroom
Dear Parent:		
Act 535, Section 1403, 1957 Legislature requadequate records entering the Pennsylvania Security examination filed with their permanent school by your family dentist. The dental examinate exam is required.	Schools for the first time have their teeth of health record. You are encouraged to	n examined by a dentist and report of such be have the dental examination performed
To fulfill this requirement, you may either ha	ave your child's teeth checked by:	
- Student may bring - Form may be mai - Form may be faxe	er form is filled out and returned to scho g form to school. iled to the school nurse. ed to the school nurse the family dental examination is <u>Octob</u>	
If the dental examination has be     Address  Fax		nool nurse at
3. The school dentist Findings	will be sent to you so that you may secu	are any needed corrections.
It is our hope that the cooperation between h show the value of regular check-ups to preve ups rather than less frequent, extended trips,	ent cavities and extractions. It also teach	
Would you please check the proper space be	elow and sign and return it to the school	•
STUDENT'S NAME	GRADE HOM	MEROOM
I plan to have the required dental ex	amination done by:	
	- I will send in the private dental	
SCHOOL DENTIST	Γ	
Date	Signature of Pare	ent/Guardian

bb 03-12-09