

DENTAL EXAMINATION

Parents: A Dental exam is strongly encouraged prior to Kindergarten but is not required for admission to school.

Student: _____ School: _____ DOB: _____

Name of Parent: _____

Address _____

A complete Dental Examination of this mouth indicates:

- Child is in need of dental care
- All dental requirements have been fulfilled.

If dental care is required, have arrangements been made for correction?

Yes

No

(Date of Exam)

Dentist's Signature Required D.D.S

Comments:

This form must be returned by the dentist to:

School District of Hartford Jt. #1
Pupil Services Department
675 E Rossman St
Hartford WI 53027