

LAMPETER-STRASBURG SCHOOL DISTRICT

1600 Book Road
P. O. Box 428
Lampeter, PA 17537

Dear Parent/Guardian:

The Pennsylvania School Health Law requires children attending school in the Commonwealth to receive a dental examination for all students in **kindergarten, grade 3, grade 7, or entrance to school at any grade if there is not a grade-appropriate dental examination on record.** These grades are selected because they represent critical periods of growth and development in a child's life.

We recommend that you make the necessary arrangements with your family dentist to have this dental examination and have the results recorded on the attached dental form. **Please return the attached dental exam form by the first day of school.**

Below you will find a verification form to communicate to us that you have received notification of this state-mandated requirement. **The form below is due immediately.**

Thank you in advance for helping us to carry out this phase of the school health program.

RETURN LOWER PORTION IMMEDIATELY TO THE SCHOOL NURSE

**DENTAL EXAMINATION
NOTICE VERIFICATION**

Print Student Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

_____ I have read the above letter and will have my child examined by my family dentist prior to the first day of school.

_____ My child has a Dental Examination scheduled for _____

_____ I am unable to have my child examined privately. I would like to have the dental examination done by the school dentist. (This is only an examination; no cleaning or treatment will be provided.)

RETURN THIS FORM TO THE SCHOOL NURSE