MESNIER PRIMARY SCHOOL

Affton School District 6930 Weber Road Affton, Missouri 63123 314-849-5566 Fax: 1 (314) 499-9067

Tina Been, Principal Justin Brotherton, Assistant Principal

Dear Parents,

Mesnier Primary School is cooperating with St. Louis County Department of Health to protect your child against lead poisoning. New legislation in St. Louis County requires every child entering kindergarten in any school in St. Louis County to be or to have been screened for exposure to lead. The St. Louis County Department of Health has recently provided the attached "Lead Screening Form" and important information about the effect of lead on a child's development.

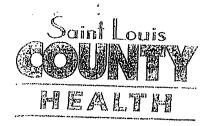
Please review the attached information on lead poisoning and return the parent form to St. Louis County Department of Health. This does NOT come back to Mesnier.

If you have questions, please call Karen Laubert, school nurse, at 314-849-5566 or St. Louis County Health at 314-615-1698.

Sincerely,

Christina Been

Principal



Street Add	ress	ara bisak Mamilida merenggantah nyadasa Asar Pebilipah i Palipada a basar
City	State	ZIP
) Area Code	Tolonhon	Number

St. Louis County Ordinance Chapter 628 (Rev. 2000) requires the completion of this form prior to school enrollment of children less than 72 months of age.

KINDERGARTEN LEAD SCREENING FORM

	This is to	certify that my child,		
date of	birth,			
	Does no			
	***************************************	Routinely spend time in a dwelling was 1978 and which has peeling, chippin	hich was constructed before g or flaking paint.	
***************************************		Routinely spend time in a dwelling which was constructed before 1978 and which is undergoing renovation likely to disrupt painted surfaces.		
The first and a to below also consequence.		Routinely spend time in the care of a person who works in a lead-related occupation or who has a lead-related hobby.		
هو مشدو است دمین اور ایشان شد د		Have a sibling, housemate or playma	ate that is lead poisoned.	
T	his is to	certify that my child:		
	Has nev	er been tested for lead poisoning.		
	Was tested for lead poisoning on		(date), by	
			(Name of physician).	
Signature of Parent/Guardian		ent/Guardian	Date	

PLEASE REVIEW THE INFORMATION ON THE BACK OF THIS FORM

THIS FORM MUST BE RETURNED TO:

Saint Louis County Health Department Lead Poisoning Prevention Program 6121 North Hanley Road Berkeley, MO 63134