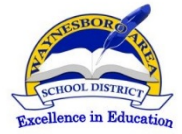


Waynesboro Area School District Dental Exam Form



Waynesboro Area Sr. High School (x1241)
Hooverville Elementary School (x1541)

Waynesboro Area Middle School (x1341)
Mowrey Elementary School (x1641)

Fairview Elementary School (x1441)
Summitview Elementary School (x1841)

Dear Parent/Guardian,

The State of Pennsylvania requires each student in kindergarten, third and seventh grade to have a dental examination. **Please have this report signed by your family dentist and returned to your child's school nurse by November 1st.**

I have examined the mouth of _____, grade _____

on this date, _____.

_____ No correction were necessary.

_____ All necessary corrections have been made.

_____ Restorations are needed and appointments have been scheduled.

Dentist's Signature

Date

PRINT Dentist's Name

Dentist's Address

Dentist's Phone Number

Payments for such examinations are the responsibility of the parent.