

COLUMBIA

"Dedicated to Excellence..."

200 North Fifth Street S Columbia, PA 17512 Phone 717-684-2283 Fax 717-681-2220 Business Office Fax 717-681-2617

Barry W. Clippinger, Ed.D., Superintendent P. Diane Frey, Ph.D. Assistant Superintendent Laura E. Cowburn, PRSBA, Asst. To Supt. For Business Services/Board Secretary Jennifer Zolenas, Supervisor Special Education Michael M. Miller, Director of Building & Grounds

Dear Parent/Guardian:

The School Health Law requires Dental Exams for children upon entry to school, Grade 3 and Grade 7.

We are recommending that this examination be done by your family dentist since he/she can best evaluate your child's health and assist you in obtaining necessary treatments and corrections. However, this examination can be done by the school dentist if you prefer.

The family dentist's examination of your child may be done during the summer or anytime before November 1st using the attached form.

The school will provide a school dental examination for your child if you prefer and so indicate below.

Please indicate preference below and return this form to the School Nurse by **NOVEMBER 1**ST.

Sincerely,

School Nurse	
I prefer m form upon completion: D	ny Family Dentist's examination and will return the attached pate of appt
I prefer th	ne School Dentist's examination
Child's Name	Parent/Guardian Signature
Date:	

The district will not discriminate on the basis of race, color, gender, religion, national origin, disability, or age. District contact person is the Superintendent of Schools.