

LINN JT. 6 SCHOOL DISTRICT

Reek Elementary School
W4094 South Lake Shore Drive
Lake Geneva, WI 53147
Phone: (262)248-4120 Fax: (262) 248-5133

Student Dental Report Form

Student dental examinations are required upon entrance to school in 4K or 5K and in 5th and 9th grades. Additionally, all transfer students are required to have a dental exam. This form is to be filled out by your family dentist and returned to the school office. Thank you.

STUDENT NAME _____ GRADE _____

TEACHER NAME _____ SCHOOL _____

- () EXAMINATION
- () CLEANING
- () I have completed the indicated services on the above named student.
- () Additional dental treatment is needed and appointments will be scheduled.

DENTIST'S SIGNATURE _____ DATE _____

DENTAL OFFICE ADDRESS:

