

**HEIGHTS SCHOOL
WILLOW STREET
ROSLYN HEIGHTS, NY 11577**

DENTAL FORM

To the Parent or Guardian:

Due to the rapidity of dental decay, your child must see his dentist regularly. This will check decay before it becomes extensive. The New York State Education Law requires an annual dental examination and a record filed for each child in the school. At the end of the school year a report must be sent to the State Education Department.

Your child must be examined by a dentist. You will then have an opportunity to discuss with him/her any particular question or problem. Please ask your dentist to fill in the attached form and return it to the school which your child attends.

Please return this form as soon as possible.

HEALTH SERVICES

RETURN THIS FORM to the HEALTH OFFICE
in your child's school

_____ Date

_____ Child's Name

_____ Grade

_____ Home Address

- _____ Dental attention is being received.
- _____ Dental attention has been completed.
- _____ Caries
- _____ Clean
- _____ Defects
- _____ Braces
- _____ Comments

_____ Dentist's Signature

_____ Address

_____ Phone Number