

CARLISLE AREA SCHOOL DISTRICT
OFFICE OF SCHOOL NURSE

Dear Parent or Guardian,

The School Health Act of Pennsylvania mandates that all children in grades 1, 3, and 7 must have a dental examination. Parents are encouraged to have the examination done by your child's dentist who is familiar with your child. The Private Dentist's Report must be returned to your school nurse.

Please notify your school nurse by December 15 of your intention to use your child's dentist or the school examining dentist.

PRIVATE DENTIST'S REPORT

(Name of Student) (Grade) (Homeroom) (Teacher)

The above child last visited my office on _____
(Date)

At that time all the necessary corrections were completed. Yes _____

No _____

Please place the above child on the Dental Honor Roll (Grades K-5 only).

Yes _____

No _____

(Signature of Dentist)

(Date)