PETERS TOWNSHIP SCHOOL DISTRICT
SCHOOL DENTAL PERMISSION

Grade:____

To Parent/Guardian of:_____

Pennsylvania School Law requires that each child entering grades **Kindergarten, 3rd and 7th** have a dental exam. The school dental exam will be available to students who do not return a private dental exam report.

Please sign below and return this form to school if you would like your child to be seen by the school dentist for his/her exam.

Please note below any condition you wish to call to the attention of the school dentist.

Parent Signature_____Date_____

Home Phone_____

Work Phone_____