

PETERS TOWNSHIP SCHOOL DISTRICT  
SCHOOL DENTAL PERMISSION

Grade: \_\_\_\_\_

To Parent/Guardian of: \_\_\_\_\_

Pennsylvania School Law requires that each child entering grades **Kindergarten, 3<sup>rd</sup> and 7<sup>th</sup>** 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 \_\_\_\_\_