

West Shore Christian Academy
201 W. Main Street
Shiremanstown, PA 17011
717-737-3550

Dear Parents,

The Pennsylvania School Health Law requires all children to have a dental examination upon **original entry** into school and in the **third** and **seventh** grades. Parents are urged to have this examination done by their family dentist because he has the best knowledge of the child's oral condition and may recommend immediate steps for dental care.

IN ACCORDANCE WITH PA SCHOOL CODE, ALL PHYSICAL AND DENTAL EXAMINATIONS MUST BE COMPLETED WITHIN THE CALENDAR YEAR SEPTEMBER-SEPTEMBER PRECEDING THE SCHOOL YEAR.

Please have this form completed by your dentist and return it to the school as soon as possible. Your cooperation in this matter is greatly appreciated. Thank you.

FAMILY DENTIST REPORT

Name of child _____
Last First Grade

Male () Female () _____
Date of Birth

The above-named child last visited my office on _____.

At this time all necessary dental corrections had been made. Yes _____ No _____

This child is currently under treatment. Yes _____ No _____

Signature of Dentist _____

Address _____

Date Submitted _____

Comments _____
