

WEST CHESTER AREA SCHOOL DISTRICT
DENTAL EXAMINATION NOTICE
FIRST NOTICE

TO: Parents/Guardians

Dental examinations are required of children first entering school K or 1st, 3rd and 7th grades, and students transferring from out-of-state (*Article XIV, School Health Services, of the Public School Code and regulations, 28 Pa. Code 23.1-23.87, Health Services*).

It is **IMPORTANT** that your Dentist complete the Dental Report form. It is the responsibility of the parent/guardian to return the form to the school nurse as soon as possible. Exams conducted from one year before the start of the school are acceptable.

If you are unable to have a private dentist complete a dental examination of your child, the West Chester Area School District will provide a free dental examination, **if we receive your written permission. No treatments are done at this visit. It is a visual exam only.**

Proof of dental examination, or permission for school exam are required 60 days from school entry. Failure to comply may result in exclusion from school.

Student_____Grade____Teacher_____HR#_____

- ____1. I have enclosed the private dental for my child.
____2. Please have the school consulting Dentist perform this examination.

Date

Parent/Guardian