

June 2017

Dear Trinity Parent/Guardian,

*School policy requires that **ALL students (K-8<sup>th</sup>)** need to provide verification of a dental examination. A dental form is included below; however we will accept any form signed by your dentist for the current year.*

**Please return this completed form by the first day of school.**

### **Report of Dental Examination**

Student's Name \_\_\_\_\_

Grade (2017-2018) \_\_\_\_\_

I have examined the above named child and he/she is currently under my care.

Signature of Dentist \_\_\_\_\_

Date of Examination \_\_\_\_\_ **(must be current for 2017)**

**“Give Kids A Smile”** program provided free dental preventative care on **one day, February 3<sup>rd</sup> 2017** at 100 participating dental offices. Please contact the New Jersey Dental Association website, [www.njda.org](http://www.njda.org), at the “For the Public” tab for further information.

