

June 2018

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 (2018-2019) \_\_\_\_\_

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 2018)**

