

June 2018

Dear Trinity Parent/Guardian,

School policy requires that ALL students (K-8th) 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)**

