



Saint Philip School

Teaching truth, building community, and inspiring service

Dear Parent/Guardian:

We will soon be scheduling our yearly Dental Screening with the school dentist. If you have concerns or do not have access to a dentist and would like the town dentist to examine your child, please **sign and return this form to the office by March 8th**. If you do currently have dental care and do not need this service at this time, please sign that you will not need the exam. If a student does not return this form, he/she will be screened.

Sincerely,

Mrs. Graham
(School Nurse)

Mrs. Reardon
(Nurse Teacher)

Please sign and return the lower portion to the school nurse.



******* Dental Form Sign & Return *******



_____ I request that my child, _____ Grade: _____
participate in the school screening, as I do not have access to dental care.

_____ I request that my child, _____ Grade: _____
NOT PARTICIPATE in the school screening, since I do have access to
dental care.

Parent signature: _____ Date: _____