

UNION ENDICOTT CENTRAL SCHOOL DISTRICT

1100 East Main Street, Endicott, New York 13760

Dear Parent/Guardian:

New York State Education is “requesting” a dental certificate by each pupil in the public schools upon his/her entrance in such schools and by each child entering pre-k, kindergarten, second, fourth, seventh, and tenth grades. We recommend that your dentist complete a dental examination.

This form can be used by your dentist and returned to the school nurse.

Thank you for your cooperation,

(School Nurse's Name)

(School Name/Phone Number/Fax Number)

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Report of Dental Examination:

Please provide us with the name, address and phone number of the Dental Office.

Child's name: _____ Grade: _____

This is to certify that I have examined the teeth of the above student and find:

1. _____ Teeth and oral condition apparently satisfactory
2. _____ All necessary dental work has been completed
3. _____ Treatment is in progress

Dentist's Signature

Date