

# 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.

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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