Bristol Township School District
Health Services Department

5 Blue Lake Road
Levittown, PA 19057

Dear Parent or Guardian:

In accordance with Pennsylvania School Law, **dental examinations** are required for school children in Bristol Township in the following grades:

1. Upon entry into school—**kindergarten or first grade**
2. In the **third grade**
3. In the **seventh grade**

These grades were chosen because they normally mark important periods of growth and development in a child's life.

You may choose to have this examination done by your family dentist or have the school dentist examine your child. It is preferable to have your own dentist do it, as he/she is more familiar with your child and their history.

If you choose to have your own dentist perform the examination, please provide written proof. The private dental exam should have been completed no earlier than 12 months before the opening of the current school year.

Thank you for your cooperation in this important health matter. *If you have any questions, please call your school nurse at the number listed below.*

School:	**Phone Number/Fax Number**
Mill Creek Elementary School	**267-599-2454/** 267-599-2468
Brookwood Elementary School	**267-599-2421**/ 215-547-5737
Keystone Elementary School	**267-599-2490**/ 215-788-1573
F. D. Roosevelt Middle School	**267-599-2312**/ 215-826-8542
Neil Armstrong Middle School	**267-599-2262**/215-949-7903

Enclosure
Rev. 11/19

H514.027

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20 ___

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
Last First Middle		☐ M ☐ F		

ADDRESS

No. and Street | City or Post Office | Borough or Township | County | State | Zip

REPORT OF EXAMINATION

TOOTH CHART

		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment Yes ☐ No ☐

Treatment Completed Yes ☐ No ☐

_____
Date of Dental Examination

_____
Signature of Dental Examiner

_____
Print Name of Dental Examiner

_____
Address