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

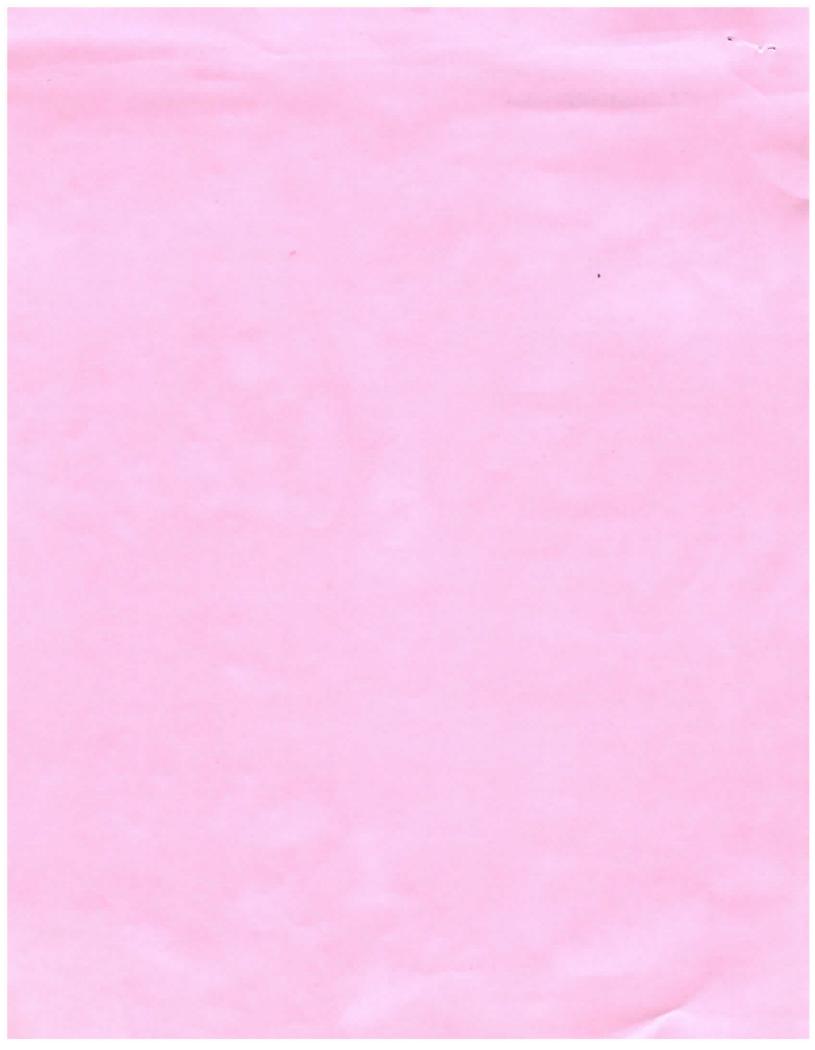
These grades were chosen because they normally mark important periods of growth and development in a child's life.

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



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 G			GRADE	Si	SECTION/ROOM		
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ADDRESS																		
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UP	PER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 1	13 J	14	15	16	Upper
LO	WER	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	16	Lower
	UPPER																	Upper
····	LOWER					ļ -												Lower
Is The Chi	s The Child Under Treatment							Yes □ No □										
Treatment	t Completed		ıtal Ex	amina	ition			-				Ye	s 🖸			N	o 🗆	
	Signature of Dental Examiner						_	Print Name of Dental Examiner										
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