



Union Memorial Elementary School

500 South Scotland Lane • New Castle, PA 16101-1399 • (724) 652-6683 • FAX (724) 658-5151

LINDA J. O'NEILL - Elementary Principal

Kindergarten/1st Grade Dental Examination Requirement

Dear Parent/Guardian:

The Pennsylvania School Code requires that a **Dental Examination** be completed on every student **entering school for the first time in either kindergarten or first grade**. Your private dentist is the best person to perform the examination, since they know your child's dental history.

Union Area School District can also provide your child with a Dental Examination. The dental examination **CANNOT** be completed in school without your **WRITTEN PERMISSION**. Please sign this form and indicate your choice below.

If you plan to have your own dentist perform this examination, have them complete the attached form and return it to the school nurse ASAP. THE EXAMINATION MUST BE DATED NO EARLIER THAN ONE YEAR PRIOR TO THE CURRENT SCHOOL YEAR. Examination forms dated earlier are not valid and cannot be accepted.

Thank you for your cooperation.

Sincerely,

Mrs. Trocci, RN

Mrs. Benedict, RN, BSN, CSN

Student Name: _____

____ I will take my child to my **private dentist** and return the form to the health office.

____ I would like the examination completed by the **school dentist**.

Parent/Guardian Signature: _____