



Northridge Local School District

6097 Johnstown-Utica Road

Johnstown, OH 43031

Phone: (740) 967-6631

Fax: (740) 967-5022

ANNUAL DENTAL SCREENING

THIS FORM MUST BE COMPLETED, SIGNED AND DATED

FORM REQUIRED WITHIN 60 BUSINESS DAYS OF ENTRANCE INTO THE PRESCHOOL PROGRAM
AND ANNUALLY THEREAFTER

Child's Name: _____ Date of Birth: _____

Check One:

Dental Screening Completed Date of Screening _____

Dentist's Name (please print) Phone Number

Dentist's Signature Date

Dentist's Street Address

City, State, Zip Code

Dental Screening Not Completed

State Reason: _____

Examples: No insurance coverage, religious conviction, child too young, etc.

Parent Signature Date