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### Certificate Of Dental Examination

To the parents of students

The New York State Education Department has asked that we request a dental certificate for all students enrolled in grades K-6. We are asking that if your child has a dental visit scheduled, please take this form along and have the dentist fill it out. This is just one more tool we are using to ensure that the children in our district get the best education and care possible.

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TO THE PRINCIPAL AND SCHOOL NURSE

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NAME OF CHILD \_\_\_\_\_ D/O/B \_\_\_\_\_

This is to certify that the above named child has received a comprehensive dental examination on:

Date of examination \_\_\_\_\_

DENTIST'S SIGNATURE \_\_\_\_\_

Return to: School Nurse