



William Floyd Union Free School District

of the MASTICS – MORICHES – SHIRLEY

Our rich history builds a promising future!

Kevin M. Coster
Superintendent of Schools

Tina Stone, BSN, RN
Lead Nurse
(631) 874-1546

NOTICE REGARDING DENTAL EXAMINATION

Dear Parent:

New York State requires public schools to request dental certificates of all students enrolling in the district, and those in grades Pre-K, K, 1, 3, 5, 7, 9 and 11.

Dental certificates must be signed by a dentist who is licensed to practice in New York State and must contain a report of a comprehensive dental exam performed on your child.

Please have your child's dentist complete the certificate below and return this form to the school nurse upon entrance to school, or within 30 days.

You may contact me at 631-874-1546 if you have any questions or concerns regarding this matter.

Sincerely,

Tina Stone, BSN, RN

Tina Stone, BSN, RN
William Floyd School District Lead Nurse

EXAMINER'S CERTIFICATION OF DENTAL EXAMINATION

This student _____, in grade _____ had a complete dental examination on _____ (date).

Treatment needed?: Yes _____ No _____

Recommendations and Remarks: _____

_____ Date _____

Examiner's Signature and Stamp
105-RV23

John S. Hobart Elementary School
Nurse - 874-1248 / 874-1910 (Fax)

Moriches Elementary School
Nurse - 874-1402 / 874-1948 (Fax)

Nathaniel Woodhull Elementary School
Nurse - 874-1303 / 874-1599 (Fax)

Tangier Smith Elementary School
Nurse - 874-1345 / 874-1374 (Fax)

William Floyd Elementary School
Nurse - 874-1270 / 874-1884 (Fax)

William Floyd Learning Center
Nurse - 874-1914 / 874-1594 (Fax)

William Floyd Middle School
Nurse - 874-5555 / 874-5558 (Fax)

William Floyd High School
East Nurse A-Le - 874-1139 / 874-1209 (Fax)
West Nurse Li-Z - 874-1259 / 874-1548 (Fax)

William Paca Middle School
Nurse - 874-1418 / 874-1411 (Fax)



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Kevin M. Coster
Superintendente de Escuelas

Tina Stone, BSN, RN
Enfermera Principal
Tel. (631) 874-1546

AVISO CON RESPECTO AL EXAMEN DENTAL

Estimado padre/madre:

El estado de Nueva York requiere que las escuelas públicas soliciten certificados dentales de todos los estudiantes que se inscriben en el distrito, y aquellos en los grados escolares Pre-K, K, 1, 3, 5, 7, 9 y 11.

Los certificados dentales deben estar firmados por un dentista autorizado para ejercer en el estado de Nueva York y deben contener un informe de un examen dental completo que su hijo(a) haya recibido.

Por favor pida al dentista de su hijo(a) que complete el certificado a continuación y devuelva este formulario a la enfermera de la escuela al ingresar a la escuela, o en un plazo de 30 días.

Puede comunicarse conmigo al 631-874-1546 si tiene alguna pregunta o inquietud sobre este asunto.

Atentamente,

Tina Stone, BSN, RN

Tina Stone, BSN, RN
Jefa de Enfermeras del Distrito Escolar William Floyd

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