

WISCONSIN DELLS SCHOOL DISTRICT

Spring Hill School  
300 Vine Street  
Wisconsin Dells, WI 53965  
(608) 253-2468  
Fax 254-6397

Neenah Creek School  
PO Box 68  
Briggsville, WI 53920  
(608) 981-2341  
Fax 981-2104

Lake Delton Elementary  
PO Box 280  
Lake Delton, WI 53940  
(608) 253-4391  
Fax 254-6765

**Dental Examination (4K & 5K)**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

School \_\_\_\_\_ (Address is above)

TO THE PARENT: We urge you to take your child to the dentist before school begins for a dental examination and any necessary treatment.

When the examination and treatment are completed and the dentist has signed this form, **please return this form to the school.**



TO THE DENTIST: Please check one of the following and sign this form.

\_\_\_\_\_ Child is involved in a preventive dental program.

\_\_\_\_\_ All necessary dental work has been completed.

\_\_\_\_\_ No Dental work is necessary.

\_\_\_\_\_ Treatment is in progress.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Dentist

Printed Name of Dentist: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_