



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