



Dental Health Form

Dear Parents:

The Alcott School programs are voluntarily registered with the New York State Department of Education. As part of that registration, we need to provide the State Education Department with certain information, including information that pertains to your child's last dental check-up. Please take a moment to complete the bottom section of this form and return it no later than _____. The information provided will be kept in your child's confidential file.

Thank you for your prompt attention to this request.

Sincerely,

Alcott School

ALCOTT SCHOOL

DENTAL EXAM INFORMATION

Child's Name: _____ DOB: _____

Class: _____

Date of most recent Dental Exam and Cleaning: _____

Name of Dentist: _____

Dentist or Parent Signature: _____ Date: _____

Revised 08/2020