



Donegal School District

Administrative Office
1051 Koser Road
Mount Joy, PA 17552
(717) 653-1447 FAX (717) 492-1350
www.donegal.k12.pa.us

Dear Parent/Guardian:

The State of Pennsylvania requires all school age children to have periodic dental examinations as follows: **28 PA Code 23.3(a)* states Dental examinations shall be required on original entry into school and in grades three and seven.** Transfer students, as well as students with incomplete health records, shall be required to have a dental examination.

As a result of our discussions with the school dentist, we feel a family dentist can best evaluate a child's teeth, provide a more extensive examination, and assist you in obtaining any necessary treatment or correction.

The family dentist's examination of your child may be completed during the summer or any time within one year prior to the start of the school year, using the form on the back of this letter. The family dentist's examination is done at your expense.

If you prefer, the school will provide a school dentist's examination of your child at the school district's expense. Your consent is required for the school examination to be performed. The school nurse will be present for all examinations. You are also invited to be present during your child's exam.

Please return this letter by September 30. Please contact your school nurse with any questions.

DHS: Donna Stadel 492-1212 DJH: Patti Boylston-Lytle 928-2912
DIS: Heidi Stewart 426-2552 DPS: Patti Boylston-Lytle 492-1330

Please check one:

***The exam may be completed within one year prior to the start of the school year.

_____ My family dentist has examined my child and completed the form on the back of this letter.

_____ I prefer the school dentist examine my child.

_____ I would like to be present for the school dental exam.

Student's name

Grade

Parent's signature

Date