

Report of Dental Examination
Wahoo Public Schools
Kindergarten Enrollment Form

Our school has a health program that is designed to promote, improve and help protect the health and well-being of your child. As part of this program, we encourage you to take your child to his/her dentist for a complete examination. If any dental treatment is required, we urge you to have the necessary work completed. Please have this form completed by your dental care provider and return it to school.

I have examined the teeth of _____
Student's Name

_____ All necessary dental work has been completed.

_____ No dental work is necessary at this time.

_____ Treatment is scheduled.

Additional Recommendations:

Name of Dental Office: _____

Date: _____ Signature of Dentist: _____