

**St. Stanislaus Kostka School  
221 MacArthur Avenue  
Sayreville, NJ 08872**

**732-254-5819**

**Fax: 732-254-7220**

Dear Parents/Guardians:

New Jersey school health policy recommends an annual dental exam by your family dentist for every child.

If your child has had a dental exam within the past 12 months or if you are planning for him/her to be examined, the form below is to be completed by a dentist and returned to the school nurse as soon as possible.

If for some reason you cannot have a dental appointment any time soon, please inform me of any arrangements being made.

Sincerely,

*Joyce Afriqie, RN*

School Nurse

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**DENTAL EXAM REPORT**

I have examined \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_ 1. Treatment has been completed.

\_\_\_\_\_ 2. There **is no need** for dental treatment at this time.

\_\_\_\_\_ 3. There **is a need** for dental treatment.

An appointment has been scheduled: \_\_\_yes \_\_\_no

If yes, date of appointment: \_\_\_\_\_

Dentist name (print): \_\_\_\_\_ Office **Stamp (required)**

Signature: \_\_\_\_\_

Childs Grade \_\_\_\_\_