

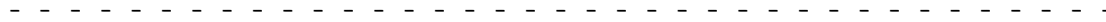


# COVENANT

CHRISTIAN ACADEMY

Dear Parent/Guardian:

Our school has a health program that is designed to improve, protect and promote the health of each child. **As a part of this health program, the Commonwealth of Pennsylvania requires that a dental examination be completed upon original entry (Kindergarten) and in grades three (3) and seven (7).** If this applies to you, please have this form completed by your family dentist and returned to the school office.



## Report of the Dental Examination

This is to certify that I have examined the teeth of :

\_\_\_\_\_ Date of Examination  
Student Name

- 1. All necessary dental work has been completed.
- 2. Treatment is in progress.
- 3. No dental work is necessary.

Further recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Dentist

\*Please return this form to the school office or mail to:

Covenant Christian Academy  
1982 Locust Lane  
Harrisburg PA 17109