

- Please return TOP Portion to School TOMORROW/ Por favor devolver la porción de arriba a la escuela mañana

# Hazleton Area School District

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Section: \_\_\_\_\_

Name of Student: \_\_\_\_\_

*(The School Health Act requires that all students in grades K, 3, and 7 receive dental screenings during the school year.)*

Please select **one** of the following:

\_\_\_\_\_ I want my child screened by the HASD Dental Provider.

\_\_\_\_\_ I want my child screened by my Private Dentist: \* **Dentist's name:** \_\_\_\_\_

Date of last visit (month and year) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Address

\_\_\_\_\_  
Parent/Guardian Phone Number

(Detach this portion only if Private dentist was selected)

Have form completed by family dentist at 6 month check-up and return to school

This is to certify that:

Student name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ is receiving dental treatment.

\_\_\_\_\_ has completed dental treatment.

Date of last Prophy/ Fluoride Tx: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the policy of the Hazleton Area School District not to discriminate on the basis of race, sex, color, national origin or handicap in its educational programs, activities, or employment policies as required by the Title IX of the Education Amendments of the 1972 and Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990. Inquiries regarding compliance may be directed to: **Cathy Brogan, Title IX Coordinator, (570) 459-3221 Ext. 81539.**