Lockport City School District

130 Beattie Avenue Lockport, NY 14094 Office (716) 478-4811 Fax (716) 478-4723

Dear Parent/Guardian;

New York State Education Law requires school districts to request dental health certificates for each new student entering the Lockport City School District as well as in 1st, 3rd, 5th, 7th, 9th, and 11th grade.

In alliance with current recommendations from the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, the Lockport City School District recommends regularly scheduled dental visits. Dental Health Certificates must be signed by a duly licensed dentist authorized to practice in New York State. Please note: dental evaluations performed within 12 months prior to the start of the school year are considered current. Please contact your dentist for an appointment.

If you need assistance with identifying a dentist, a complete listing of local area dentists is available from the Eighth District Dental Society of Western New York, their website may be found at www.8thdistrictdental.org or telephone number (716) 995–6300. *Please have your dentist complete this form and submit it to your school nurse.* You may contact your child's school nurse for any concerns or questions you may have. Thank you for your assistance in this matter.

Student's Name:			D.O.B		
Grade:	School: _				
Date of Examination:					
Recommendations: 🗆 Tr	eatment	☐ Preventive Ho	ome Care 🗆 R	tegular Dent	al Visits
Follow up scheduled:	□ Yes □	No			
(Signature of Dentist) Office Stamp/Address and Phone Number:		tist)		 (Date)	

A comprehensive dental examination was performed on the following student:

5/08, 6/4/08, 5/09 3/10, 6/10, 5/11, 3/12 BS:bas, 5/12 lms, 1/18