

Elkhorn Area School District

ELKHORN, WISCONSIN 53121

Student Dental Report Form

Student dental exams are required for kindergarten, fourth grade, seventh grade, ninth grade, and all new transfer students. Dental exams are important as the teeth and gums affect the wellness of children through their position, ability to chew, speech, and the overall appearance of a healthy smile. This form is to be filled out by your family dentist and returned to the Principal of your child's school before the first day of the school year.

NOTE: More than 40% of 5-year olds have tooth decay or cavities.

NOTE: More than 85% of 17-year olds have tooth decay or cavities.

Student's Name: _____

Grade: K 1 2 3 4 5
 6 7 8 9 10 11 12

At the following school:

- | | | |
|--|---|---|
| <input type="checkbox"/> <u>Jackson Elementary</u>
13 N. Jackson Street
Elkhorn, WI 53121
Fax: 262-723-3719 | <input type="checkbox"/> <u>Tibbets Elementary</u>
W5218 County Road A
Elkhorn, WI 53121
Fax: 262-742-4582 | <input type="checkbox"/> <u>West Side Elementary</u>
222 Sunset Drive
Elkhorn, WI 53121
Fax: 262-723-6790 |
| <input type="checkbox"/> <u>Elkhorn Area Middle School</u>
627 E. Court Street
Elkhorn, WI 53121
Fax: 262-723-4967 | <input type="checkbox"/> <u>Elkhorn Area High School</u>
482 E. Geneva Street
Elkhorn, WI 53121
Fax: 262-723-8092 | |

Dental Report Examination to be completed by the Dentist:

- EXAMINATION
- CLEANING
- I have completed the indicated services on the above named student.
- Additional dental treatment is needed and appointments will be scheduled.

Dentist's Signature

Date

Dentist's Name (printed)

Telephone Number

Address

City/State