



FREEPORT CHRISTIAN ACADEMY

"Children are a heritage of the Lord" Psalm 127:3

Dental Form

Student _____ Date _____

To the Parent or Guardian:

A dental exam is required for new registered students. Annual dental examinations are recommended. Please indicate in the spaces below the dental status of your child.

- Under treatment: All necessary steps are being taken to correct dental defects.
- All dental defects have been corrected.
- Fluoride treatment given.

Date _____ Dentist signature _____

Please feel free to contact the school nurse if you have any questions at (516) 546-2020. Ext. 39.