



Middletown Montessori School
30 E. Forge Road
Media, PA 19063
610-891-7214 - fax; 610-891-0967
www.middletownmontessorischool.com

Dear Kindergarten Parents,

The Pennsylvania School Health Regulations require that children in Kindergarten receive a dental examination. The report your dentist is to use for the examination is presented below.

In order to have your child's records complete, we must have this form returned to school as soon as possible.

Thank you for your cooperation
Sincerely,
Sharon, Barbara, & Phyllis

FAMILY DENTIST REPORT

Name of Child: _____

Date of Birth: _____

Grade: Kindergarten

School: Middletown Montessori School

The above named child visited this office on: _____
(Date)

At that time all the necessary corrections were made. (Yes)_____
(No)_____

(Signature of Dentist)