

ST. JOAN OF ARC SCHOOL
101 Evans Road
Marlton, New Jersey 08053

DENTAL

Dear Parent or Guardian:

If your child has been to the family dentist or pediatric dentist, please have him/her sign and return as soon as possible.

Mrs. Kathleen Kalvaitis, RN, BS
School Nurse

Date: _____

Grade: _____

Student: _____

_____ Has been examined and is now receiving treatment

_____ Treatment has been completed

_____ No treatment necessary

Dentist's Signature

Address: _____
