



ARCHANGEL GABRIEL  
CATHOLIC SCHOOL

5720 Steubenville Pike McKees  
Rocks,, PA 15136-13111  
(412) 787-2656  
[www.archangelgabrielppgh.org](http://www.archangelgabrielppgh.org)

Dear Parent/Guardian:

Pennsylvania School Health Law requires **Dental Examinations** for children in grades **Kindergarten, 1 (new students), 3, and 7**. These grades were selected because they represent critical periods of growth and development in the child's life. You may also have received this form if your child does not have a dental exam in their medical file or in advance of the next required grade level.

This requirement may be met in two ways, a dental examination by the student's private dentist or by the school dentist. If a private dental exam is preferred, please have your dentist complete and return the dental form located on the district website under Health Services or request a copy from the school nurse.

It is recommended that the examination be done by your child's dentist since he/she can best evaluate your child's dental health and assist you in obtaining necessary treatment and corrections. A private exam must be no more than 6 months from August.

**The school dental exam, free of charge, will be done if a private exam is not returned by February 1st.** The exam date will be posted on the website and the parent/guardian may be present during the exam.

If you have any questions, please call the school health office. Thank you in advance.

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Archangel Gabriel Catholic School  
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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____	_____	_____		<input type="checkbox"/> M <input type="checkbox"/> F		
Last	First	Middle				

ADDRESS

\_\_\_\_\_  
No. and Street      City or Post Office      Borough/Township      County      State      Zip

**REPORT OF EXAMINATION**

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
LOWER	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment?      Yes       No

Treatment Completed      Yes       No

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Address

**MONTOUR SCHOOL DISTRICT  
PA SCHOOL MANDATED HEALTH SERVICES**

School entities are to provide the following health services for students who attend or who should attend an elementary, grade or high school, either public or private. These requirements also apply to students who are homeschooled.

GRADE	VISION	HEARING	HT/WT/BMI	PHYSICAL* Due by April 1	DENTAL* Due by Feb 1	SCOLIOSIS
K	X	X	X	X	X	
1	X	X	X	X**	X**	
2	X	X	X			
3	X	X	X		X	
4	X		X			
5	X		X			
6	X		X	X		X
7	X	X	X		X	X
8	X		X			
9	X		X			
10	X		X			
11	X	X	X	X		
12	X		X			

\*Mandated physical and dental exams can be completed by your private physician/dentist or will be done by the school practitioner if not turned into the school nurse by the due date posted.

\*\*Physical/Dental exam is required on original entry - K or 1st grade.

Please view your child's BMI (Body Mass Index) in the Skyward Health Record.

Parents will be notified in writing regarding any failed test results. You will be expected to follow-up on any referrals with your private doctor and inform the school nurse of the findings and/or treatment plans.