

**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 sign and return as soon as possible.

Mrs. Kathleen Kalvaitis, School Nurse

Date: _____

Grade: _____

Student: _____

___ Has been examined and is now receiving treatment

___ Treatment has been completed

___ No treatment necessary

Dentist's Signature

Address: _____
