



**WASHINGTON  
TOWNSHIP**  
SCHOOL DISTRICT

**BRASS CASTLE SCHOOL**  
16 Castle Street  
Washington, NJ 07882  
908.689.1188  
Jessica L. Garcia, PRINCIPAL

**DISTRICT CENTRAL OFFICE  
OLD SCHOOLHOUSE**  
One East Front Street  
Washington, NJ 07882  
908.689.1119  
Keith T. Neuhs, SUPERINTENDENT

**PORT COLDEN SCHOOL**  
30 Port Colden Road  
Washington, NJ 07882  
908.689.0681  
Jessica K. McDonagh, PRINCIPAL

## DENTAL EXAMINATION FORM



**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I have examined this child and found:

- |  |     |    |
|--|-----|----|
| 1. The child is in need of dental treatment: | Yes | No |
| 2. The child is receiving dental treatment:  | Yes | No |
| 3. The child has completed dental treatment: | Yes | No |

Does the child have any oral/dental conditions the school should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dentist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dentist Stamp**