

EAST RAMAPO CENTRAL SCHOOL DISTRICT

OFFICE OF SPECIAL STUDENT SERVICES

105 South Madison Avenue, Spring Valley, NY 10977

Phone: (845) 577-6040

Fax: (845) 577-6059

Dear Parent:

Beginning September 1, 2008, the New York State Department of Education has amended Education Law 903 regarding dental care for students. Our school district is required to request a dental health certificate from all new students as well as those students entering kindergarten, second, fourth, seventh and tenth grade.

Please have your dentist complete the section below and return this completed section to the school nurse by _____. Thank you for your cooperation.

Sincerely,

School Nurse

Phone Number

DENTAL HEALTH CERTIFICATE

_____ received a dental examination on _____
Student Name *Date*

by _____
Name of Dentist