
LINE MOUNTAIN SCHOOL DISTRICT

Line Mountain Jr-Sr High School

Jeffrey Roadcap, Principal
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Mrs. Cindi Grimm R.N., B.S.N.



Line Mountain Elementary Schools

Jeanne Menko, Principal
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Mrs. Candy Adams, R.N.
Trevorton – Ph. (570) 797-3825 Fax (570) 797-4001
Leck Kill – Ph. (570) 452-3671 Fax (570) 425-2888
Mrs. Joanne Snyder, R.N., B.S.N.

Line Mountain Dental Intent Form

Date _____

The Pennsylvania State Health Code and the Pennsylvania Department of Health require dental examinations on all students in grades K or 1, 3, & 7. Examinations performed as early as one year prior to the designated grade may be accepted.

These can be performed by your family dentist at your expense or done free of charge by the school dentist or dental hygienist. Parents are notified prior to all in-school examinations

If you choose this option, you will receive the appropriate forms at the following times: during kindergarten registration, near the end of grades 2 and 6, in order to allow adequate time for completion. *Private Dental forms are to be returned to the school nurse by October 30th of the upcoming school year.*

Please take this time to select one of the options below. Have your child then **return the form to the school nurse by _____**. If you change your preference, please notify the school nurse in writing as soon as possible, so that the change can be properly documented on your child's health record. Your cooperation in this matter is greatly appreciated.

Sincerely,
Line Mountain District Nurses

Line Mountain School District

Student Name _____ Grade _____

Please check one:

I give permission for my child to have the required dental examinations done by the school dentist or dental hygienist every year they are required.

Or:

I will have the required dental examination done by our family dentist and will have the required dental form completed and returned to the school nurse by October 30th in the year in which my child is in grade K or , 3 & 7. I also understand that by selecting this option, I am giving permission for a school exam if the School Nurse has not received my child's private dental report by the date of school dentals.

Signature of Parent or Guardian

Date