

SCHOOL DISTRICT OF HARTFORD JOINT NO. 1

DEDICATED TO THE SUCCESS OF EACH STUDENT

CITY OF HARTFORD, TOWNS ADDISON, ERIN, HARTFORD – WASHINGTON COUNTY • TOWNS OF ASHIPUN, RUBICON – DODGE COUNTY
HARTFORD, WISCONSIN 53027

DENTAL EXAMINATION

Parents: A dental exam is strongly encouraged prior to Kindergarten but is not required for admission to school.

Student: _____ School: _____ DOB: _____

Name of Parent: _____

Address: _____

A complete Dental Examination of this mouth indicates:

- Child is in need of dental care
- All dental requirements have been fulfilled.

If dental care is required, have arrangements been made for correction?

- Yes No

(Date of Exam)

Dentist's Signature Required D.D.S

Comments: _____

This form must be returned to:

School District of Hartford Jt. #1
Pupil Services Department
402 W Sumner St
Hartford WI 53027

Rev. 12-2018

CENTRAL MIDDLE SCHOOL 1100 Cedar Street Hartford, WI 53027 Phone: 262-673-8040 FAX: 262-673-7596	LINCOLN SCHOOL 755 S. Rural Street Hartford, WI 53027 Phone: 262-673-2100 FAX: 262-673-0148	ROSSMAN SCHOOL 600 Highland Avenue Hartford, WI 53027 Phone: 262-673-3300 FAX: 262-673-3543	DISTRICT OFFICE 402 W. Sumner Street, Hartford, WI 53027 District Administrator 262-673-3155 FAX: 262-673-3548 Business Manager 262-673-9033 FAX: 262-673-3548 Pupil Services Dir. 262-673-8042 FAX: 262-673-8045
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