

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: ____
Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

BRENTWOOD UNION FREE SCHOOL DISTRICT
Brentwood, New York 11717

**NEW STUDENT REGISTRATION
CHANGE OF ADDRESS / PARENT OR GUARDIAN**

PLEASE BRING PHOTO I.D. ALONG WITH THE FOLLOWING:

1. **PROOF OF AGE:** Certified birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. Where the birth certificate or record of baptism is not available a passport (including a foreign passport) may be used. If none of these documents are available, other documentary evidence in existence for two (2) years or more can be used to determine a child's age (examples include, but are not limited to, hospital or health records, official driver's license, state or other government issued identification, school photo identification with date of birth, consulate identification card, military dependent identification card, documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement), court orders or other court-issued documents, Native American tribal document, or records from non-profit international aid agencies and voluntary agencies).
2. **IMMUNIZATIONS:** Required under NYS Department of Health Immunization Requirements for School Entrance/Attendance, copy attached.
(health.ny.gov/publications/2370.pdf)

ALL IMMUNIZATION DATES ARE MANDATORY AND MUST HAVE A DOCTOR'S SIGNATURE.

No child may be admitted to, or allowed to attend, school for more than 14 days without an appropriate immunization certificate or other acceptable evidence of immunization. A school principal may extend this 30 day period on a case-by-case basis when a student has transferred from another state or country and can show a good faith effort to get the necessary certificate or other evidence of immunization.

3. **PLACEMENT RECORDS:** To the extent that the family has them, the following documents are requested to be provided: (a) Transfer card or report card for Elementary Students; (b) a copy of the current IEP (Individual Education Program) for Special Education Students; and (c) transcript of grades and courses completed for Secondary Students.
4. **RESIDENCY PROOF:** All parents or guardians registering students must be residents of the Brentwood School District. Parents or guardians must submit documentation and/or information as evidence of the physical presence of the parent or guardian in the Brentwood School District. Please provide one of the following: (a) copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage

statement; (b) a statement by 3rd party landlord or owner, or tenant from whom the parent or guardian leases or shares property within the Brentwood School District; (c) statements by third parties relating to parent's or guardian's physical presence in the Brentwood School District; AND at least two of (d) other forms of documentation and/or information establishing physical presence in the Brentwood School District which may include, but not limited to, pay stub, income tax form, utility or other bills, membership documents based on residency, voter registration documents, official driver's license, learner's permit or non-driver identification, state or other government issued identification, documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement).

5. GUARDIANSHIP CASES: Anyone registering a student who is not the parent of the child must provide the Brentwood School District with an affidavit which indicates that they are the guardian whom has total and permanent custody and control of the child. The affidavit must describe how they obtained total and permanent custody and control, whether through guardianship or otherwise. The District does not require the submission of a judicial custody order or an order of guardianship as a condition of enrollment. The Brentwood School District has a form Parent/Guardian Affidavit which can be (but is not required) utilized.
6. FOSTER CASES: All foster parents must present at the time of registration of a foster child, a placement letter from the agency, on their letterhead indicating the foster parent's name plus date of birth and grade of each student to be registered. Agency must also include health history and dates of mandatory immunizations of each student, and a DSS 2999 form with CIN/Medicaid number, ACS or SOO number for each student.
7. HOURS: The registration office is located at the Felicio Administration Building, 52 Third Avenue, Brentwood, New York 11717. The office is open Monday through Friday from 8:00 a.m. to 2:00 p.m.
8. The Homeless Liaison located at Central Registration will facilitate and expedite registrations for families residing in temporary housing situations in accordance with the McKinney Vento Act.
9. Testing or evaluation appointments may be necessary at another day. If there is a problem that cannot be resolved, please make an appointment to discuss the problem with an attendance staff member, at (631) 434-2301.

Your cooperation in meeting these requirements will be appreciated in helping us to ensure that all eligible students are admitted to the Brentwood School District without undue delay (i.e. all eligible students shall be enrolled and begin attendance on the next school day, or as soon as practicable).

SCHOOL ADMISSIONS EXHIBIT*Affidavit of Residency****Please note a copy of a photo ID is required with this form.***

STATE OF NEW YORK } ss:

COUNTY OF _____)

I hereby certify that I reside at _____
(List Full Address)

which is within the boundaries of the Brentwood School District; that as the parent or legal guardian, I am seeking to have the following student (s) registered in the Brentwood School District:

Full Names (s)

Age

I hereby certify that this residence is the subject student's actual and only residence, and that I have complete custody and control over such student (s). I recognize that the Brentwood School District will rely upon this representation with respect to domicile and I agree to bear legal responsibility for any inaccuracy of such representations.

I understand that if the statements I have made are false, the district will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. I understand that it is my responsibility to notify the Brentwood School District when I move out. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the penal code.

This affidavit is sworn to under penalties of perjury._____
Signature_____
Date

Sworn to before me this _____ day of _____, 20____

Notary Public

SCHOOL ADMISSIONS EXHIBIT

Affidavit of Residency

(FOR SCHOOL USE ONLY)

Reviewed and approved by: _____
Coordinator of Attendance

Date

Approved by the Board of Education:

01/21/10

Revision approved by the Board of Education:

08/17/17

SCHOOL ADMISSIONS EXHIBIT

Affidavit of Legal Residence – Owner
This form may be submitted sworn or unsworn

Please note a copy of a photo ID is required with this form.

STATE OF NEW YORK)

ss:

COUNTY OF SUFFOLK)

I, _____, (landlord/relative/other),

☐ am the recorded owner/duly designated agent for the owner of the property at: _____

☐ am a relative/other than landlord renting/providing a room/apartment. I live at: _____
 _____ which is located within the territorial boundaries of the Brentwood
 School District. This rental/living arrangement began on _____ and will end on

I am renting/providing a room/apartment to the following persons:

Parent/Guardian _____

Parent/Guardian _____

Child(ren) Seeking to
 Enroll _____

The terms and conditions of the tenancy/occupancy are as follows (Specify rent, space occupied)

☐ This statement is submitted unsworn

or

☐ This statement is sworn to under the penalties of perjury. The above information made by me is true, and I understand that if the statements I have made are false, the Brentwood Union Free School District will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the penal code.

 Signature of Homeowner/Relative/Other

 Date

Sworn to before me this

day of _____
 _____, 20____

 Notary Public

SCHOOL ADMISSIONS EXHIBIT

Affidavit of Legal Residence – Owner
This form may be submitted sworn or unsworn

R E C E I P T	DATE: _____
	I HAVE RECEIVED \$ _____ FOR RENT FROM _____ Tenant
	FOR HOUSING AT _____ Address
	_____ Homeowners Signature
	_____ Notary
	_____ Date
	_____ Date

(FOR SCHOOL USE ONLY)

Reviewed and approved by: _____
 Coordinator of Attendance

 Date

Approved by the Board of Education:
Revision approved by the Board of Education:

01/21/10
08/17/17

SCHOOL ADMISSIONS EXHIBIT***Third Party Affidavit Attesting to Physical Presence***

Please note a copy of a photo ID is required with this form. This form must be submitted sworn.

STATE OF NEW YORK } ss:

COUNTY OF _____)

I am submitting this statement in support of the application to have the following student(s) registered in the Brentwood School District:

Full Name(s)

by _____
(Insert name(s) of parent(s) in parental relation)

Who reside at _____

I hereby state that the above-named individuals are physically present at this address and reside there on a full-time basis. I recognize that the Brentwood School District will rely upon this representation when considering the request to register and admit the above-named individuals to school.

My statement is based upon the following: (Indicate basis of knowledge of physical presence)

This statement is sworn to under the penalties of perjury. The information made by me is true, and I know that perjury is a Class A misdemeanor.

Signature

Date

Address

Sworn before me this _____ day of _____, 20____

Notary Public

SCHOOL ADMISSIONS EXHIBIT

Third Party Affidavit Attesting to Physical Presence

(FOR SCHOOL USE ONLY)

Reviewed and approved by: _____
Coordinator of Attendance

Date

Approved by the Board of Education:

01/21/10

Revision approved by the Board of Education:

08/17/17

Brentwood Union Free School District

**2019-2020 School Year
Immunization Requirements for School Entrance and Attendance**

Important: On 6/13/19, NYS eliminated the religious exemption from vaccinations for school attendance.

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) and a current physical exam to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations.

Immunization	Pre K	K, Grades 1,2,3,4,5	Grades 6, 7, 8, 9, 10, 11	Grade 12
Polio	3 doses	4 doses or 3 doses if the 3rd dose given at 4 years of age or older	4 doses OR 3 doses if third dose received at age 4 or older.	3 doses
Hepatitis B	3 doses	3 doses	3 doses	3 doses
Diphtheria/Tetanus/Pertussis	4 doses	5 doses or 4 doses if the 4th dose given at 4 years of age or older or 3 doses if 7 years or older & series started at age 1 or older	3 doses	3 doses
Tdap	Not required	Not required	1 dose At age 11	1 dose
Measles/Mumps/Rubella	1 dose	2 doses	2 doses	2 MMR
Varicella (Chickenpox)	1 dose	2 doses	2 doses	1 Varicella
Meningococcal	Not required	Not required	1 dose By Grade 7	2 doses OR 1 dose if received at age 16 or older
Hib	1-4 doses	Not required	Not required	Not required
Pneumococcal	1-4 doses	Not required	Not required	Not required

Brentwood Union Free School District

Año Escolar 2019-2020

Requisitos de Inmunización para el Ingreso y la Asistencia a la Escuela

Importante: El 6/13/19, NYS eliminó la exención religiosa de las vacunas para asistir a la escuela.

Estimado Padre/Guardián,

La Sección 2164 de la Ley de Nueva York requiere ciertas vacunas y un examen físico actual para ingresar al Jardín de Infantes y asistir a la escuela. Consulte con su proveedor de salud lo antes posible para asegurarse de su hijo/a tenga las vacunas necesarias.

Inmunización		Pre K	K, Grados 1,2,3,4,5	Grados 6,7,8,9,10,11	Grado 12
Polio		3 dosis	4 dosis o 3 dosis si la tercera dosis fue recibida a la edad de 4 o más años	4 dosis o 3 dosis si la tercera dosis fue recibida a la edad de 4 o más años	3 dosis
Hepatitis B		3 dosis	3 dosis	3 dosis	3 dosis
Difteria/Tetano/ Tos ferina		4 dosis	5 dosis o 4 dosis si la cuarta fue recibida a los 4 años o más o 3 dosis si tiene 7 años o más y la series comenzaron a la edad de 1 año o mas	3 dosis	3 dosis
Tdap		No requerido	No requerido	1 dosis a los 11 años	1 dosis
Sarampion/Paperas/Rubela		1 dosis	2 dosis	2 dosis	2 MMR
Varicela (chickenpox)		1 dosis	2 dosis	2 dosis	1 Varicela
Meningococo (Meningococcal)		No requerido	No requerido	1 dosis por grado 7	2 dosis o 1 dosis si fue recibida a los 16 años o mas
Hib		1-4 dosis	No requerido	No requerido	No requerido
Pneumococcal (Neumococo)		1-4 dosis	No requerido	No requerido	No requerido

Brentwood Union Free School District

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental
Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	
Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____
Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	
Risk Factors for Diabetes or Pre-Diabetes: <i>Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.</i>		
BMI _____ kg/m2 Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and >		
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes		

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle <input type="checkbox"/> Concussion – Last Occurrence: _____ <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other:
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K		Date		
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				
<input type="checkbox"/> System Review and Exam Entirely Normal				
Check Any Assessment Boxes <u>Outside</u> Normal Limits And Note Below Under Abnormalities				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			<div style="display: flex; justify-content: space-between;"> <div>Diagnoses/Problems (list)</div> <div>ICD-10 Code</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>_____</div> </div>	
<input type="checkbox"/> Additional Information Attached				

Brentwood Union Free School District

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9	Negative	Positive	Referral	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Brace*/Orthotic</div> <div><input type="checkbox"/> Colostomy Appliance*</div> <div><input type="checkbox"/> Hearing Aids</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div><input type="checkbox"/> Medical/Prosthetic Device*</div> <div><input type="checkbox"/> Pacemaker/Defibrillator*</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Protective Equipment</div> <div><input type="checkbox"/> Sport Safety Goggles</div> <div><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				

IMMUNIZATIONS				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
HEALTH CARE PROVIDER				
Medical Provider Signature:				Date:
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

Brentwood Union Free School District

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / / Month Day Year Sex: ☐ Male ☐ Female Will this be your child's first oral health assessment? ☐ Yes ☐ No

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature Date

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

- ☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- ☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- ☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): _____

II. Treatment Needs (check all that apply)

- ☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- ☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- ☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.