



Big Foot High School

Student Dental Report

401 DEVILS LANE • P.O. BOX 99 • WALWORTH, WI 53184 • VOICE: (262) 275-2116 • FAX: (262) 275-5117

Student dental examinations are required upon entrance to school in 4K or 5K and in 5th and 9th grades. Additionally, all transfer students are required to have a dental exam. This form is to be filled out by your family dentist and returned to the school office. Thank you.

Student Name: (Last, First) – Please Print	Grade:			
	9	10	11	12

Please check all that apply (X):

☐	EXAMINATION
☐	CLEANING
☐	I have completed the indicated services on the above named student.
☐	Additional dental treatment is needed and appointments will be scheduled.

DENTIST Signature _____ **Date** _____

DENTAL OFFICE ADDRESS:

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