

SHENANDOAH VALLEY SCHOOL DISTRICT

*Please Use Black Or Blue Ink
Only!

Below Are The Registration Requirements
To Enroll A Student Into Our School District
Please Call Grace At 570-462-1957 To
Schedule your Registration Appointment

1. PLEASE MAKE SURE YOU HAVE THE FOLLOWING ITEMS:

BIRTH CERTIFICATE (**MANDATORY**) *

IMMUNIZATION RECORD

(MANDATORY)

REPORT CARDS SOCIAL

SECURITY CARD

(OPTIONAL)

2. PLEASE BRING THREE OF THE FOLLOWING:

* OCCUPANCY PERMIT (FROM BOROUGH HALL)
OR (WEST MAHANOY

TOWNSHIP OFFICE) **MANDATORY** * VALID DRIVER'S LICENSE
AND OR VAID VEHICLE REGISTRATION

CARD * HOME LEASE OR DEED (OR MORTGAGE

BOOK) IN YOUR NAME * UTILITY BILL WITHIN 30
DAYS WITH NAME AND ADDRESS

SECOND UTILITY BILL WITHIN 30 DAYS
PAYCHECK STUB WITH NAME AND
ADDRESS

**IMPORTANT: IF YOU DO NOT HAVE ALL DOCUMENTATION
REQUIRED, AN APPOINTMENT CAN NOT BE MADE AND
OR IF DAY OF APPOINTMENT NOT ALL
DOCUMENTATION IS COMPLETED YOU WILL BE
RESCHEDULED. ARRIVING 15 MINUTES LATE MAY ALSO
CAUSE YOUR APPOINTMENT TO BE RESCHEDULED.**

SHENANDOAH VALLEY SCHOOL DISTRICT

*Porfavor De Usar Lapicero
Negro/Azul!

- A Continuacion Se Encuentran Los Requisitos De
Registro Para Inscribir Un Estudiante Al Distrito
Escolar
- Porfavor De Llamar A Grace Pantoja Al Numero
570-462
1957 Para Programar Su Cita De
Registracion

**1. ASEGURECES DE TENER LOS SIGUIENTES
DOCUMENTOS:**

* ACTA DE NACIMIENTO

(OBLIGATORIO)

HISTORIAL DE VACUNACION

(OBLIGATORIO)

BOLETA DE CALIFICACIONES * TARJETA DE
SEGURO SOCIAL (OPCIONAL)

2. Porfavor De Tener Tres (3) De Los **Siguientes:**

* PERMISO DE OCCUPACION (DEL BOROUGH
HALL) O (DE LA OFFICINA
DE WEST MAHANoy TOWNSHIP) OBLIGATORIO LICENCIA
DE CONDUCIR VALIDA O TARJETA DE
REGISTRACION DE VEHICULO CONTRATO DE RENTA
O ESCRITURAS DE LA CASA A SU NOMBRE FACTURA
DE UN BILL DENTRO DE LOS ULTIMOS 30 DIAS A SU
NOMBRE JUNTO CON LA DIRECCION SEGUNDA
FACTURA DE UN BILI, DENTRO DE LOS ULTIMOS 30
DIAS TALON DE PAGO CON SU NOMBRE Y
DIRECCION

IMPORTANTE: SI NO TIENE TODA LA
DOCUMENTACION REQUERIDA, NO SE PUEDE
PROGRAMAR UNA CITA. SI EL DIA DE SU CITA TODA
LA DOCUMENTACION NO ESTA COMPLETA SE
TENDRA QUE POSPONER SU CITA. SI LLEGA 15
MINUTOS TARDE A SU CITA ESTO TAMBIEN
OCASIONARA A REPROGRAMAR OTRA CITA PARA OTRO

DIA.

Shenandoah Valley School District

805 West Centre Street **PHONE: 570-462-1936**

Elenandoah, PA 17976

FAX: 570-462-4611 STUDENTS LASINAME

NAME

SEX (0) (epellido del estudiante)

(nombre)

(apellido)

OMALE O FEMALE

(nombre) Cumartno) **STUDENTS ADDRESS**

STREET

2 THOMB TAONE NUMBER (dirección del estudiante)

(código)

(teléfono de casa) port

DATE OF BIRTH fecha de nacimiento)

CITY/STATE/COUNTRY OF BIRTH

(ciudad/

e de/país de nacimiento)

UNLTD? YES

Costello SORILECURY

DAVE BUTTERED USA NUMBER Costello da se to 1 (din de entende a USA) model

STUDENTSPRIMARY LANGUAGE (patroner idioma de mediante

ETIC ORIGIN (Calok ONL). **Categorie dintoa langue una opcións**

O WEE, NOT OF HISPANICORIGIN

CURRENT GRADE (grado de estudio)

D ASIAN OR PACIFIC ISLANDER

(origen) ETISPANICBLACK

Gialapeno yanayo) BETSPANIC WITTE

Polopese blanched)

BLACK, NOT OF ETISPANICORIGIN

(negro) QINDIAN, NATIVEAMERICAN

MS S G)

OTHER (otro)

FAMILY INFORMATION Información de la familia)

STUDITIVESW O BOTE PARENTS DMONTRONIYO FATEIKR ONLY O GUARDIAN O ROSTEL
PARENTS A estudiante vine con

m bos padres

esto la madre

bepaart

mor

padru adoptivos CARENCY CIMONER/STEPFATO DEAN BER/STEPMOTAER
OSTEPPATEN/STEPMOTHER

Agencia unde potenstro

pu drautrum adrastra O OT:13

otro **1. PARENT/GTAKDIAN (patereftentar)**

BILATIONSEP (parentesco)

ADDRESS (Gruedón)

WORKPLACE (to de trabajo) ZMAIL ADDRIIES (correu electrónico)

WORK PHONE NO. Gulliano de 20 trable) MATHINGS TORTORT CARDS DISCIPLINE, ETC (F PARTITS DONOTLIVETOCHTER}{orno dlos padas no vira fastou)

BYE ONO RELATTORSBN parentesco)

R. PARENT/GUARDIAN (pdraftnter)

ADDRESS Cabrecolta

WORK PHONE NO.(red domo de

WOKITLACE (stido de trabajo) KMAIL ADDRESS (corno electrónico)

MATSINGSORI PORTCARDS DISCLAINE ETC)

(TPPARERS DO NOTLIVETOCKT:IK Xcorreo a los podru zo stran frontos

YES ONO RATHER'S CUALNO. (cellar del padre)

MOLLER 8 CHEEL NO. (celular de la madre)

EMERGENCY CONTACTS (contactos de emergencia)

****Please Hst two emergency contacts (other than yourself) usually**

available during school hours who have agreed to care **for and** provide transportation for your student if he/she becomes ill or injured and you cannot be reached. (Por favor enliste a 2 contactos de **emergencia** (**además de usted**) usualmente capaces de venir a la **escuela** durante **la** escolar destinada se encuentra **externo o hospitalizado** y **usted** no está disponible) (nombre)

Tuentesco)

fomezo da mono) NAWÉ

RELAMONSIEUR

ADDRESS

PHONE NUMBER

NAME

ROTATION

ADDRESS

PHONE NUMBER

"Blue Devils" An Important Enrichment in love and
Shenandoah Valley School District

**New Student Enrollment
Questionnaire:**

Student:

1. Parent email address:

Dirección de correo electrónico de los padres)

2. Do you have internet connectivity:

¿Tiene conectividad a Internet)

 Yes

NO

 Yes

 NO

3. Do you have a technology device?

¿Tiene un dispositivo tecnológico

4. If so, please indicate the device you have by circling all that apply:

Si es así, indique el dispositivo que tiene dando vueltas a todos los que correspondan;

Examples: iPad--Cell Phone

--Laptop--Chromebook

Other:

Shenandoah Valley Elementary School

805 West Centre Street

**Shenandoah, PA 17976 Phone: 570-462-2796 Fax:
570-462-1943**

I, the parent or legal guardian of the following:

Student Name

Social Security #

D.O.B.

Grade

Student Name

Social Security #

D.O.B.

Grade

Student Name

Social Security #

D.O.B.

Grade

Authorize the transfer of ALL academic, health, and confidential records including psychological. IEP, NOREP, transcripts report cards, current grades, discipline, attendance, birth certificate, and immunization records.

**MAIL RECORDS TO: Shenandoah Valley School District 805 West Centre Street
Shenandoah, PA 17976**

Authorization to Release Pupil's Records

I have enrolled **my** child/children **in** the Shenandoah Valley School District and I authorize **you** to release all school records to the above named school.

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

Date

From: (Former School)

SHENANDOAH VALLEY ELEMENTARY
SCHOOL

SPECIAL EDUCATION VERIFICATION

Affidavit - Special
Records

Registration
Form

the
parent of

**Am enrolling my child in the Shenandoah Valley
School District. I verify that my child:**

Has

**Has Never Been, a part of a
Special Education Program.**

If your child is or has been in a Special Education Program,
please provide the name of the last school district your child attended.

And
School)

We will request a current copy of the
following: IEP, ER, AND NOREP.

(Signature of Parent
Guardian)

SHENANDOAH VALLEY
ELEMENTARY SCHOOL

PARENTAL REGISTRATION
FORM

STUDENT
NAME

DATE OF
BIRTH

GRA
DE

PARENT/GUARDIA
N NAME

**ADDRE
SS**

**TELEPHONE
NUMBER**

**PLEASE COMPLETE THE
FOLLOWING:**

**I HEREBY SWEAR OR AFFIRM THAT MY CHILD WAS WAS
NOT**

**AS NOT PREVIOUSLY
SUSPENDED OR EXPELLED, OR IS OR IS NOT PRESENTLY SUSPENDED OR
EXPELLED FROM ANY PUBLIC OR PRIVATE SCHOOL OF THIS COMMONWEALTH
OR ANY OTHER STATE FOR AN ACT OF OFFENSE INVOLVING WEAPONS,
ALCOHOL, OR DRUGS OR FOR THE WILLFUL INFLECTION OF INJURY TO ANOTHER
PERSON OR FOR ANY ACT OF VIOLENCE COMMITTED ON SCHOOL PROPERTY. I MAKE
THIS STATEMENT SUBJECT TO PENALTIES OF 24P.S.13-40 A (B) AND 18N
PA.C.S.A.4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND
THE FACTS OBTAINED HEREIN ARE TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**IF THIS STUDENT HAS BEEN OR PRESENTLY SUSPENDED OR EXPELLED FROM
ANOTHER SCHOOL, PLEASE COMPLETE:**

**NAME OF SCHOOL FROM WHICH STUDENT
WAS SUSPENDED OR EXPELLED**

**DATES OF SUSPENSION OR EXPULSION_ PLEASE PROVIDE
ADDITIONAL SCHOOL & DATES FOR EXPULSION ON THE BACK
OF THIS SHEET.**

**REASON FOR SUSPENSION/EXPULSION
(OPTIONAL)]**

SIGNATURE OF
PARENT/GUARDIAN

DATE

pennsylvania
DEPARTMENT OF EDUCATION

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name:

Child's family name:

Child's Date of Birth: (Month/Day/Year)

Questions for Parents or Guardians

- 1. Is a language other than English spoken in the child's home?**
- 2. Does your child communicate in a language other than English?**
- 3. What is the language that your child first learned to speak?**

No **Li** Yes (language)

No Yes (language)

Date:

Parent/Guardian Signature: nterpreter Provided No
Yes

Interpreter Name:

-

Revised February 2017

STUDENT LANGUAGE SURVEY* To
be completed 9 Home Language Survey
responses Indicato a language other than
English. Student Name
Grade
r

Date:

School: Circle the best

answer to each question. 1. Was the first language you learned English?

YES 2. Can you speak a language

other than English? YES 3. Can you

read a language other than English?

YES 4. Can you write a language

other than English? YES 5. Which

language(s) do you most often use when

you speak with

your friends!

EN

GLISH 6. Which language(s) do you

most often use when

you speak to

your parents?

ENGLISH

OTHER 7. Does anyone in your home speak a language

other than English? :

YES 8.

Have you attended school in another

country? YES NO

Indicate grade levels: Prek K 1 2 3 4 5 6 7 8

9 10 11 12

TER...

**Parent
signature:**

****The Clyn Rights Act of 1964, The VI - Language
Minority Compliance Procedures, requires that
school districtelcharter schools idently limited
English proficient(LEP) students. Pennsylvania
Department of Education has selected the Home
Language Survey as the method for the identification,**

**SHENANDOAH VALLEY ELEMENTARY
SCHOOL**

**Student Verification
Form**

DRESS CODE POLICY By my signature

I verify I received a written copy and *read to* and ***discussed with*** my child the Shenandoah Valley School District *dress code policy* for students.

Printed name of
student -

—

—

Teacher:

—

Grade Printed name of
parent/guardian: Date:

ATTEST:

Signature of
parent/guardian

**SHENANDOAH VALLEY ELEMENTARY
SCHOOL**

**Student Verification
Form**

DRUG TESTING POLICY By my
signature I verify I received a written copy and *read to* and
discussed with my child the Shenandoah Valley School District
drug testing policy for students.

Printed name of student-

_ Grade - _ Teacher:

**Printed name of
parent/guardian:_Date:**

ATTEST:

**Signature of
parent/guardian**

**Shenandoah Valley School District
805 West Centre Street Shenandoah, PA 17976**

SVSD has its own website. This site contains a variety of information about the school and events. As with many school sites, there will be pictures of the school, school events, and of students from the school. This site will be available to anyone who decides to visit this site. Since SVSD cannot control who can or cannot visit the site it is up to you the parent/guardian to decide if you want your child to appear on the site. Therefore, we are asking you to fill out this form (one (1) for each child) which lets us know if you do or do not want your child on the website.

Internet Access/Web Site Authorization/Photo Published

This form must be returned to the homeroom teacher and then filed with principal's office before any student is permitted Internet access. Please note: Only one (1) student name is to appear on each internet Access/Web Site Authorization.

As the parent/guardian of

I have read the Shenandoah Valley School District Internet/Computer Technology Policy #109.1 governing access to the Internet through school resources and the school authorization statement concerning the school's website and I understand and agree with its terms. I understand that SVSD cannot restrict access to all controversial and inappropriate materials and I will not hold SVSD, the Board of Education, or its employees responsible for materials acquired on the network.

As such, I hereby give SVSD permission to issue access to my child."

Website Authorization

 Yes, I give permission for *my* child to have their picture and/or name appear on the SVSD website. **This** permission for *my* child will remain in effect until written notice is provided to SVSD revoking this permission.

No, I do not give permission for my child to have their picture and/or name appear on the SVSD website.

Internet Access

Yes, I give permission for my child to have Internet access. This permission for my child will remain in effect **until** written notice is provided to SVSD revoking this permission.

No, I do not give permission for my child to have Internet access.

Photo Published

Yes, I give permission for my child to have their picture published in the newspaper. This permission for my child will remain in effect until written note is provided to SVSD revoking this permission.

 No, I do not give permission for my child to have their picture published in the newspaper.

Printed name of parent/guardian:

Signature:

Date:

Shenandoah Valley Elementary School

805 West Centre Street Shenandoah, PA 17976

PHONE: (570) 462-2796

FAX: (570) 462-1943

Shenandoah Valley Elementary Form Photographing and Videotaping Students

Dear Parents/Guardians:

We are very proud of the accomplishments of our students and like to tell the community about them and/or share with the entire SVSD family. Therefore, we may video or photograph students and their accomplishments for presentations in, but not limited to the following: school programs, the school website, PA newsletters, school newspapers, social media, or yearbooks. Occasionally the media, either television or newspaper, will feature activities of individual students or groups of students who have excelled at a particular activity. Along with the story, they will want to videotape or photograph the student(s).

We obviously encourage this; however, we are also sensitive to the fact that for safety reasons unique to an individual family it may not be wise for pictures of a student to appear in any media. If you so desire, we will do our best to ensure that your child is not showcased and named in any media.

If you do NOT wish to have your child's picture displayed in the media, please fill out, sign and return the Form for Photographing and Videotaping Students to the office. If you have more than one child enrolled in our school, use a separate form for each one and send it directly to the school.

Please inform your child of your desire so that s/he can assist us in fulfilling your request. Be aware; however, that if a student is involved in a "high profile" extracurricular activity, it may be impossible to keep him/her from being photographed or videotaped. Also, because schools and school grounds are relatively public places, we cannot guarantee that your child's face will never appear as part of an incidental crowd picture.

Shenandoah Valley Elementary Form Photographing and Videotaping Students

Fill out this form if you do NOT want your child's picture to appear in any of the media.

Parent Name

Student Name

3/20/2020

Telephone Number

As the parent or legal guardian, I do NOT wish the picture of the above named student to appear in the media; I therefore request that the school take reasonable precautions to prevent it. I understand that it is my responsibility to inform my child of my wishes in this regard and to request that s/he assist school authorities in meeting those wishes.

Signature of Parent or Legal Guardian

Date

SHENANDOAH VALLEY SCHOOL DISTRICT

STUDENT VERIFICATION FORM-ELEMENTARY

TRUANCY POLICY

By my signature I verify that I have received a copy of the Shenandoah Valley School District Truancy Policy as well as a copy of the Schuylkill County Truancy Policy for students.

Name Of Student:

Grade:

Date:

**Signature Of
Parent/Guardia
n:**

ATTEST:

**Registrar
MEP Occupational
Survey**

Shenandoah Valley School District

School District:

Date
Completed:

STATU
*Please complete this form to determine if your child(ren) qualify to
receive free*

***additional services under Title I,
Part C.***

**Has your family moved *from* another school district, city,
county, **state**, or **country** *in the last three (3) years?***

Yes No

**If "yes", *from* which city, state, or
country:**

In the last 3 years, have you or anyone in your household *worked in*

any way with one or more of the following: (Check all that apply)

vegetables or fruits Flowers,

trees, timber, hay or plants

Milk or eggs Cows, chickens,

pigs or fish

**Name of
Student(s)**

Grade

**Name of
Parent(s) or
Guardian(s):**

**Current
Address:**

Phone:

**WhatsAp
p:**

Prefer:

Call o Text

**Best time to contact: o morning o afternoon o
evening**

csú

Tulost: ...) Viisara, -1

(AIR: 111111
IsikuD4:1 Nii

***' filtrs

SHENANDOAH VALLEY SCHOOL DISTRICT

Annual Student Information Update Información del estudiante

GRADE
(grado)

NAME (Nombre)

HOMEROOM

(salon)

ADDRESS(direc
ción)

GENDER (SEXO)

BIRTHDATE(Fecha de nacimiento).

HOME PHONE(Número de casa)_STUDENT #
(número del estudiante)

**Parents Guardians and other adults to be contacted: Padres/guardianes y otras
adultos que podemos llamar: Name(nombre)**

Relationship(relación)Phone(teléfono)Cell(celular)Work(teléfono del trabajo)

Other children living at home: Otros niños que viven en la casa: Name(nombre)

Gender(sexo)Birthdate(fecha de nacimiento)Grade(grado)School(escuela)Student
#número del estudiante)

Special health conditions and allergies:
(Condiciones especiales de la salud y
alergias):

Family Physician (doctor de la familia) Phone (teléfono) Family Dentist
(dentista de la familia) Phone (teléfono):* Preferred Hospital (hospital preferido)
**IN EXTREME EMERGENCIES, IT MAY BE NECESSARY TO TRANSPORT YOUR
CHILD TO THE

NEAREST HOSPITAL** 1 **En caso de emergencia,
quizás será necesario llevar a su hijo al hospital más cercano. I give permission to
the staff of the above named school district to transport, or make arrangements for the
transportation of my child to receive emergency medical care in the event that
persons listed above cannot be contacted. (Le doy permiso a los miembros de la
escuela de Shenandoah Valley para llevar, o arreglar el transporte de mi hijo para
recibir atención médica si no se puede comunicar con las personas en la lista.
Signature of Parent/Guardian (firma de padre/madre/guardián). Date(fecha)

TO BE COMPLETED BY
PARENT/GUARDIAN (Padre/Madre/Guardián
tiene que completar esta página)

Please initial those items which may be used by the school nurse in the care
of your child: (Marque las cosas que la enfermera puede dar a su niño:)

Acetaminophen (Tylenol)

 Triple Antibiotic

Ointment Maalox

Hydrocortisone Cream

Cough Drops

Calamine/Caladryl Bigtek

_Orajel

Mineral Ice

Solarcaine
Spray

Check any of the **following your child has experienced within the past year.** (Marque las enfermedades que **su** hijo ha tenido **durante** este año:)

Chicken Pox (varicela) - date (fecha)__abi

Measles (sarampión) -date

Head Lice

(piojos)

Shingles (varicela) -date

Pink Eye (conjuntivitis)

date..

***If yes to any of the above,
please explain** (Si ha contestado
con sí, explique

3. Is your child under the care of a physician or other health care provider? YES NO

(Está bajo el cuidado del proveedor de atención primaria o especialista médico?)

4. Has your child seen a dentist in the past year?

(Ha ido al dentista este año?)

YES NO

IF YES, DATE

DENTIST (Si ha ido, escriba la fecha y el nombre del dentista.)

5. Has your child received any vaccinations in the past year? YES

(Ha recibido alguna vacuna este año?)

NO

IF YES, PLEASE PROVIDE A COPY OF THE IMMUNIZATION(S) TO THE NURSING OFFICE. (Si ha recibido una vacuna, muestre el papel a la enfermera.)

YES

NO

6. Has there been any changes in your family structure?

(Ha cambiado los miembros de su familia?)

7. List medication(s) your child is presently taking:

(Haga ma lista de las medicinas que su nísio está tomando:)

8. Does your child have VISION or HEARING problems? YES NO

(¿Tiene su hijo problemas con los ojos o los oldos?)

IF YES, PLEASE EXPLAIN (Si tiene problemas, explique.)

9. Does your child have ASTHMA?

YES NO

(¿Tiene aspia?)

If yes, please explain what causes your child's symptoms and how you want school personnel to treat an episode of asthma if it should occur.
(¿Sabe usted alguna causa en particular? Qué quiere que hagamos si su hijo tiene un

ataque?

PLEASE NOTE THAT MEDICATIONS CANNOT BE ADMINISTERED WITHOUT A PHYSICIAN'S ORDER) (No se le pueden administrar ningún medicamento sin una nota del doctor.)

10. Does your child have health insurance? (¿Tiene seguros de salud?) YES(1)

NO

11. I give permission for school personnel to administer first aid to my child YES

(Les doy permiso a los empleados de la escuela para darle primeros auxilios a mi niño.)

NO

12. Is your child prescribed an EpiPen by their physician? YES NO

(Tiene un EpiPen?) If yes, please explain reason for EpiPen: (Si ha contestado con sí, explique)

(If your child needs to have an EpiPen accessible to them during school hours, please consult your physician for an order and provide the EpiPen to the nursing office for use.).

(Si su niño necesita un EpiPen durante el día escolar, la enfermera necesita una receta/nota del doctor. También, usted tiene que llevar el EpiPen a la oficina de la enfermera y dejarlo allí.)

13. ADDITIONAL PARENTAL REQUESTS OR CONCERNS:

(Otras cosas que usted quiere decirme.)

Student Name:

Grade:

Section:

**PARENTAL PERMISSION FOR NURSING
SERVICES PLEASE CHECK WHERE
APPROPRIATE FOR GRADE**

**Grades: Kindergarten and 6h
PHYSICAL EXAMS-REQUIRED
BY LAW**

**I wish to have the School Physician perform the exam. I
wish to have our Private Physician perform the exam
(send a private form home).**

**Grades: Kindergarten and
3rd DENTAL
EXAMS-REQUIRED BY LAW**

**I wish to have the School Dentist
perform the exam.**

**I wish to have our Private Dentist perform the exam (send a private
form home).**

**Parent/Guardian
Signature**

Date

Nombre del
estudiante:

Grado:

Seccion:

**PERMISO DE LOS PADRES PARA EL SERVICIO DE LA
ENERMERIA POR FAVOR MARQUE DONDE ES
APPROPIADO PARA LOS GRADOS**

Grados:
Kindergarten and
6th

**LA LEY MANDA QUE TODOS TENGAN UNA
EXAMINACION FISICA**

☐ Prefiero que el doctor de la
escuela haga el examen

☐ Prefiero que el doctor mio haga el
examen

Grados: Kindergarten and
3te

**LA LEY MANDA QUE TODOS TENGAN UNA
EXAMINACION DENTAL**

☐ Prefiero que el dentist de la escuela haga
el examen

☐ Prefiero que mi dentista haga el
examen

**Firma de los
padres/guradianes**

Fecha