

Kenmore-Town of Tonawanda Union Free School District

Department of Physical Education/Recreation/Athletics and Health Services

*Required for all entering
grade 7 students Sept 2011*

(Please return this note to school, signed by your dentist)

This certifies that the teeth of _____

Have been examined by me, and:

- have been found to be in satisfactory condition
- are under treatment

Dentist Signature: _____

Date: _____