Fort Cherry School District

110 Fort Cherry Road
McDonald, PA 15057
724.796.1551 *phone*/724.356.2769 *fax*

Ms. Jessica Cole, High School Principal
Mr. Timothy Witenske, Assistant High School Principal
Mrs. Lindsey Richards, Elementary School Principal
Mrs. Brianne Eiler, Student Service Coordinator
Mrs. Katie Dunleavy, High School Nurse
Mrs. Chrystal Yates, Elementary School Nurse
Dr. Brian Harvey, Director of Pupil Services

The children are the focus…working together is the method.

NOTICE: Dental required this upcoming school year!

The Pennsylvania Public School Code requires certain school health services for all children of school age, regardless of the school setting or disability. Dental screenings shall be required ***on original entry into school and in grades three and seven****.*

There are two options available for fulfilling this requirement:

- A private dental exam completed by your family dentist.
- A school dental exam completed by our school dentist free of charge on the scheduled dental day (TBD). If you select this option, an email will be sent once a date has been confirmed. No further communication related to the school dentist will be sent unless you choose this option.

The dental exam is to be completed within 1 year prior to the start of the school year. For the exam to count for the 2026/2027 school year, the exam shall be dated no earlier than **July 1, 2025**.

Please fill out the bottom portion of this form and return it to the school nurse by the first day of school. If you choose to have your child examined by your private dentist, please also return the completed dental exam form. If these forms are not returned, your child may be excluded from school.

Thank you,

Katie Dunleavy, BSN, RN, CSN
Fort Cherry Jr./Sr. HS Nurse
P: 724-796-1551x3004
F: 724-356-2769 Attn-HS Nurse
kdunleavy@fortcherry.org

Student name: _____ Grade:_____ Date:_____

☐ I choose to take my child to **my own dentist**.

☐ I want my child to be examined by the **school dentist**.

Parent/guardian name: _____

Parent/guardian signature: _____