



Huntington County Community School Corporation

Tomorrow today.

HUNTINGTON COUNTY COMMUNITY  
SCHOOL CORPORATION  
OFFICAL DENTAL EXAMINATION FORM

Students Name: \_\_\_\_\_

This child has had a dental examination and his/her teeth are \_\_\_\_\_ are not \_\_\_\_\_  
in need of dental repair.

REMARKS:

Dentist's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Superintendent* Randy Harris  
*Assistant Superintendent for Instruction* Chad Daugherty  
*Business Manager* Scott Bumgardner