



Most Blessed Sacrament Parish School
4255 Bellevue Rd.
Toledo, OH
Phone: 419-472-1121
Facsimile: 419-472-1679
www.blessedsacramenttoledo.com

SCHOOL ADMITTANCE DENTAL FORM

Students will not be admitted to class until this form is returned.

Student Name: _____ Birth date: ____/____/____

Address: _____

Mother's Name: _____

Father's Name: _____

Date of Exam: ____/____/____

Dental Treatment (Mark for treatment actually done)

- Dental Prophylaxis
- Restorations (Number of teeth filled) _____
- Extractions (Number of teeth removed) _____
- Other (Please Explain) _____

Has all dental treatment been completed? Yes No

In the event of a dental emergency, please contact the following dentist:

Dentist's Signature _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

We are faith-filled children of God who will be:

Fair and Just; Accepting responsibility for our choices; Igniting our passion for learning; Treating others with respect, love, and kindness; Helping those in need.