

Nicole - TOC Test Regular Meeting  
Monday, April 4, 2022 7:00 PM

Nicole's Conference Room  
1248 Hruby Lane  
Wahoo, NE 68066

## **Agenda**

- I. Call to Order
- II. Sample item 1: This is a sample item with a couple sentences in the subject in order to force the subject text to wrap in the agenda report. 2
- III. Sample item 2: This is a sample item with a couple sentences in the subject in order to force the subject text to wrap in the agenda report. 3
- IV. **Sample item 3:** This is a sample item with a couple sentences in the subject in order to force the subject text to wrap in the agenda report. 4

Editing this template

**St. Wenceslaus Catholic School**  
**108 N. Linden**  
**Wahoo, NE 68066**  
**Phone: (402) 443-3336 Fax: (402) 443-5551**

Dear Parent/Guardian,

Our school has a health program designed to improve, protect and promote the health of our students. As part of this program, we urge you to take your child to the dentist at least yearly for a dental exam and any additional care that may be needed. Please have your dentist complete the form below. Return the completed form to the health office at your child's school. *A dental exam is required for kindergarten entry. The exam must have been completed within 6 months of the first day of school.*

If you have questions about obtaining dental care, please contact the school nurse.

Thank you for your cooperation!

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### Report of Dental Examination

This is to certify that I have completed a dental exam on:

\_\_\_\_\_

Student Name

- No dental work is needed at this time.
- All necessary dental work has been completed.
- Treatment is in progress/scheduled.

Further recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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