



Cleary School for the Deaf

301 Smithtown Boulevard, Nesconset, New York 11767-2077 631-588-0530 (V & TTY)
www.clearyschool.org

July 15, 2024

Dear Parent/Guardian:

New York State has passed a law requiring schools to request Dental Certificates for the following grades: Pre-K or Kindergarten, 1st, 3rd, 5th, 7th, 9th, and 11th, as well as new students entering into a district. Please have your child's dentist complete the bottom of this letter and return it to the Health Office as soon as possible.

Should you have any questions, do not hesitate to call the Health Office at 631-737-1492. Please return this certificate to Cleary School for the Deaf, attention to Roseann Nitz, RN via fax at 1-737-210-4796 or email mmichel@clearyschool.org or rnitz@clearyschool.org.

Thank you.

Kathleen Kerzner,
Principal

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PLEASE RETURN TO THE HEALTH OFFICE

Student: _____ DOB: _____

Complete dental examination on: ____/____/____. Treatment needed ____yes ____no

Recommendations/Remarks: _____

Examiner's Signature: _____

Office Stamp:

