



TUITION

Invest in your child's future! Immaculate Conception School is more affordable than you think! 70% of our families receive some form of assistance. We offer our own Tuition Angels Scholarship from private donors. Plus, families may receive generous grants from the Bison Children's Scholarship Fund out of Buffalo. We have never turned a family away because they can not afford tuition!



CHILD CARE/AFTER SCHOOL CARE

Students enrolled in our PreK3 and PreK4 programs may be dropped off as early as 7:20a.m. Scheduled class time begins when older students begin at 7:55a.m. At the end of the school day, all students are welcome to join After School Care with the most reasonable rates available in the area. If you have to pay for daycare anyway, why not give your child an education, too?

TRANSPORTATION

We've had students from many different towns attend ICS over the years; Belfast, Belmont, Andover, Friendship, Alfred-Almond, just to name a few. Students are bused from all over Allegany County to ICS. Your local school district is obligated to provide transportation from within 15 miles of us. We follow the Wellsville Central School district calendar, and follow their closings/delays in the event of a snow day, etc.



NOT JUST FOR CATHOLICS

Make no mistake, we are a faith-based school and that will not change. Students can be of any or no faith at all to attend ICS. Currently, 60% of our students are non-Catholic. Our students come from all different and diverse backgrounds. We attend Mass (church service) every Friday morning together as a school family.

ACADEMICS



Our students excel at ICS and beyond. Our small class sizes give us the ability to individually help students that may need that extra attention. We also have the ability to push students who are capable of exceeding expectations at their individual grade-levels. We follow New York State Educational Standards and state testing; where our students have always scored very well.

STRINGS PROGRAM

ICS has provided violin lessons for our students for over 10 years. Beginning in 3rd grade all students receive these cost free lessons through our Strings Program. Students may continue on with lessons after 3rd grade in our orchestra with students ranging in grades 3 through 6. Our lessons and orchestra are currently under the direction of a professional musician.



LEADERSHIP

Our school has a NYS certified administrator who oversees PreK-6th curriculum, instruction and assessment. All educators are leaders at ICS. We have over 250 years of combined experience in education. Some of our teachers' entire career have been dedicated to ICS and its Catholic identity and mission.

OUR TEAM

Parents are important partners with faculty and students in the success of each child. By volunteer opportunities and committees, parents have played a major role in the school's and our students' success. Family and educator partnerships are one of the reasons students from ICS are so well prepared for academic growth and achievement.



MISSION STATEMENT

Immaculate Conception School of Allegany County is a Diocesan regional school committed to excellence in education in the Catholic tradition. Our mission is to foster the academic development of creative minds, to develop a sense of understanding, compassion, and empathy for others, and to teach moral courage. We guide the development of the "whole child" and assist each student in reaching his/her full potential – intellectually, spiritually, emotionally, and physically. We cannot accomplish our mission alone; we rely on God's help and seek the active involvement of parents, families and the community in our education of students. ICS has a long tradition of students excelling beyond their tenure at ICS.

Immaculate Conception School of Allegany County

2023-2024 TUITION RATES/FEES/AFTER SCHOOL CARE

K-6 PROGRAM

NUMBER OF CHILDREN	PARISHIONER	NON-PARISHIONER
1	\$4,160	\$4,220
2	\$7,488	\$7,596
3	\$10,608	\$10,761

PRE-K3 and PRE-K4 PROGRAMS*

5 HALF DAYS	\$2,000
5 FULL DAYS	\$4,000



TUITION PAYMENT PLANS

One Payment	5% off entire tuition due September 1, 2023 <i>The 5% will be removed from total tuition before scholarships are applied</i>
Two Payments	Payments are due July 15, 2023 and February 15, 2024
Ten Payments	Payments are on the 15th of each month, September 2023-June 2024 <i>*Pre-K Program follows the 10 payment plan only</i>
Twelve Payments	Payments are on the 15th of each month, July 2023 -June 2024

All of the above may be paid through our automatic tuition debits.

REGISTRATION FEE

\$50 per student fee waived if registered on or before April 24, 2023
Registration fees are non-refundable

AFTER SCHOOL CARE

One Child	Monday through Thursday until 4:30p.m. Ends at 4:00p.m. on Fridays \$5.00 per hour
Two Children	\$7.00 per hour
Three Children	\$8.00 per hour

Charges will be calculated on the 1/4 hour increments
Billing occurs once a month

OTHER ITEMS TO NOTE:

Charges	\$35.00 for bad checks \$35.00 for monthly late fees
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Immaculate Conception School of Allegany County

2023-2024 DRESS CODE

BOYS

Shirts Solid colored polo shirts
Preferably white or navy
Short or long sleeve

White or solid colored
button-down dress shirt

Shirts are to be tucked in

Sweaters in navy

ICS fleece

Pants Khaki, black, navy

No cargo pants

Pants may have an elastic waist

Belt must be worn if pants
have belt loops

Footwear Dress shoes are preferred
but nice sneakers allowed

GIRLS

Shirts Solid colored polo shirts
Preferably white or navy
Short or long sleeve

Sweaters in white or navy

ICS fleece

Pants Khaki, black, navy

No cargo or capris

Pants may have elastic waist

Skirts/Jumpers Khaki or navy

With knee socks or footed tights

Footwear Dress shoes are preferred
but nice sneakers allowed

No sandals, flip flops or Crocs

Jewelry Simple, not flashy or dangly

BLUE AND WHITE DAY

Fridays at ICS are Blue and White Days. Students should wear blue or white shirt with navy or khaki pants

REGULAR JEAN DAY

A Regular Jean Day may be announced. This means students may wear jeans with a school shirt.

CASUAL JEAN DAY

A Casual Jean Day may be announced. This means students may wear jeans, leggings, t-shirts, sweatshirts, etc.



2023-2024 REGISTRATION FOR K-6TH GRADE

Return this form along with a **\$50 non-refundable registration fee per child, the Tuition Payment Agreement, a copy of your child's immunization record, a copy of the birth certificate and a copy of a baptismal record, if applicable.**

(Child 1) Name _____ D.O.B. _____
Last First Middle Initial
Place of Birth _____ Male() Female() Upcoming Grade _____

(Child 2) Name _____ D.O.B. _____
Last First Middle Initial
Place of Birth _____ Male() Female() Upcoming Grade _____

(Child 3) Name _____ D.O.B. _____
Last First Middle Initial
Place of Birth _____ Male() Female() Upcoming Grade _____

Address _____ Zip _____ Phone _____

Father's Name _____ Religion _____ Marital Status _____

Father's Email _____ Father's Cell _____

Occupation _____ Job Title _____

Mother's Name _____ Religion _____ Marital Status _____
First & Maiden

Mother's Email _____ Mother's Cell _____

Occupation _____ Job Title _____

IF DIVORCED:

Custodial Parent _____ Address _____ Phone _____

Present Legal Guardian _____ Address _____ Phone _____

Family's Home Parish _____

Legal Name of Public School District of Residence of Child _____

Maternal Grandparents (optional) _____ Phone _____

Address _____ Email _____

Paternal Grandparents (optional) _____ Phone _____

Address _____ Email _____

IN CASE OF EMERGENCY:

Father's Work Phone _____ Mother's Work Phone _____

OTHERS WHO MAY BE CALLED/PICK UP CHILD IN AN EMERGENCY:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SIBLINGS (not registered at ICS):

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

MEDICAL HISTORY:

Have any of your children ever had convulsions? _____ If yes, please explain.

Have any of your children ever been hospitalized? _____ If yes, please explain.

Do any of your children have vision problems? _____ If yes, please explain.

Do any of your children have a speech/hearing problem? _____ If yes, please explain.

Do any of your children have any of the following?

_____ allergies

_____ asthma

_____ heart condition

_____ anemia

_____ bronchitis

_____ other

If yes, please explain.

Is your child on any medications? _____ If yes, please explain.

Please add any additional comments that might aid in better understanding your child.



Immaculate Conception School of Allegany County 2023-2024 TUITION AGREEMENT

BILL TO: _____

Please print clearly - this document must be completely answered and signed by the party named above.

SOCIAL SEC. NO. _____	STUDENT NAME(S)	GRADE THIS FALL
STREET _____		_____
CITY, STATE, ZIP _____		_____
HOME PHONE _____		_____
CELL PHONE _____		_____
WORK PHONE _____		_____
EMAIL ADDRESS _____		_____

2023-2024 TUITION RATES - CIRCLE ONE		
No. of children	Parishioner	Non-Parishioner
1	\$4,160	\$4,220
2	\$7,488	\$7,596
3	\$10,608	\$10,761
4	\$13,312	\$13,504

TUITION PLANS - CIRCLE ONE:

One payment **1**

Two payment **2**

Ten payments **10**

Twelve payments **12**

CHECK ONE:

Parishioner

Non-Parishioner

What Parish? _____

**5% OFF ENTIRE TUITION IF PAID IN FULL BY
SEPTEMBER 1, 2023**

**THIS AGREEMENT MUST BE RETURNED BY APRIL 24TH TO WAIVE REGISTRATION FEE OF \$50 PER CHILD.
REGISTRATION FEES ARE NON-REFUNDABLE.**

I agree to pay as circled above: X: _____ Date _____

Signature must be the "Bill to" person listed above

OFFICE USE ONLY			
Date:		Awards:	\$
Amount:		BISON Fund	
Check No:		Cooper Scholarship	
Cash:		Tuition Angels	
Receipt:		Other	
BOOKLET	LEDGER	MAILED	TOTAL



Immaculate Conception School of Allegany County

24 Maple Avenue, Wellsville, NY 14895 · 585-593-5840

TUITION ANGELS APPLICATION

Family Name: _____

Please check one: Parishioner Non-Parishioner

Gross Monthly Household Income: \$ _____

Amount of Assistance Requested: \$ _____

You must attach a copy of your most recent income tax return to this application.

PLEASE INDICATE ANY RECENT UPDATES TO THE ATTACHED FINANCIAL INFORMATION
(Significant changes in income, additional expenses, etc.). YOU MAY USE THE BACK IF NECESSARY.

In order to maintain confidentiality, please return ALL completed Tuition Angels Application and forms in an envelope marked: FATHER JIM/TUITION ANGELS.

OFFICE USE ONLY

Amount of Tuition Angels Granted: \$ _____

Date: _____

Authorized by: _____

Letter sent: _____

DIRECT PAYMENTS

No more worries about remembering to pay tuition on time, no hassles with writing checks, etc. ICS sets this up and automatically debits your tuition on either the 15th or 27th of the month.

NO MATTER WHO YOU BANK WITH!

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: **Immaculate Conception School of Allegany County**

I hereby authorize Immaculate Conception School of Allegany County, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of New York State and Federal Law.

Name on Tuition Agreement: _____

Address: _____

Routing Number: _____

City: _____

Account Number: _____

State, Zip: _____

Type of Account: _____ Checking

Email: _____

_____ Savings

Financial Institution: _____

First Payment: _____ / _____ /2023

Payment Amount: _____

Last Payment: _____ / _____ /2024

This authorization is to remain in full force and effect until COMPANY has received written notification, any time up to three (3) days before the scheduled date of transfer.

Print Individual Name

Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

(If you are currently enrolled in ACH with ICS and there is no change to account information, no voided check is necessary.)

THE DIOCESE OF BUFFALO CONSENT AND RELEASE FORM

For the Use of Student Photographs(s), Video, Work and Sound Recordings

Throughout the year, there will be numerous occasions when we will be contacting local media outlets (newspapers, television stations, radio stations, Internet sites) in the hope of getting coverage for diocesan and school events. We also hope to use some of the photographs, video images, sound recordings, and work of our students for our own use or use by the secular media. These images may appear during the year on various secular media outlets and diocesan media including, but not limited to, the following:

1. www.buffalodiocese.org – The official diocesan Web site
2. *Western New York Catholic* – The official diocesan newspaper
3. www.wnycatholic@buffalodiocese.org – Web site for Western New York Catholic
4. Television programs produced by Daybreak TV productions of the Diocese of Buffalo including, but not limited to, "Diocesan Conversation," "Matters of Faith," "Our Daily Bread," "The Daily Mass," "The Sunday Televised Mass" and documentaries and other programs produced by Daybreak TV Productions.
5. www.wnycatholicschools.org – The official Web site of the Department of Catholic Education of the Diocese of Buffalo
6. Brochures published by the Diocese of Buffalo, including reports from various diocesan offices (i.e. Catholic Charities, the Foundation of the Roman Catholic Diocese of Buffalo, Catholic Education, etc.)
7. www.ccnyc.org – The official Catholic Charities Web site
8. Web sites of our affiliated parishes and diocesan-sponsored and independent Catholic elementary schools and high schools

Please note that no financial compensation will be paid for any photo or work product used.

With regard to Catholic elementary school students, unless you specifically authorize us in this release, the published photos and/or documents will not include a child's last name or names of other family members. The addresses and/or phone numbers of students of any age will not be published. Documents will not include any information that indicates the physical location of a student at a given time other than attendance at a particular school or participation in school activities. Please complete the following form and return it to Immaculate Conception School.

I give Immaculate Conception School permission to use my child's photograph, video image, sound recording, and/or work for:

School photo and display Newspaper articles Television Coverage Diocesan and/or school reports
 Radio coverage Web sites Brochures

RELEASE OF NAME:

- I **do** give permission for the use of my child's last name and names of other family members.
 I **do not** give permission for the use of my child's name and names of other family members.

TERM

This Consent and Release shall remain in effect for a period of one year from the date hereof unless sooner revoked as hereinafter provided.

COPY

The signing parent or guardian will receive a copy of this Consent and Release

Please print

Child's name _____ Grade _____ Child's name _____ Grade _____

Child's name _____ Grade _____ Child's name _____ Grade _____

Parent's signature _____ Date _____

REVOCATION

The parent or guardian who has signed this form may revoke the consent, permission, and release granted herein at any time by signing and delivering to Immaculate Conception School the revocation statement below.

Please detach and save if in the future you decide to revoke your consent.

REVOCATION

I, _____, the parent or guardian who signed the Consent and Release on behalf of _____ hereby revoke and withdraw my consent and release. I understand that this revocation will not affect publications published prior to the receipt of this notice of revocation or to publications in the process of being printed at the time this revocation is delivered.

Parent or Guardian Signature _____ Date _____



Immaculate Conception School of Allegany County
 24 Maple Avenue · Wellsville, NY 14895
 585-593-5840
 icc-ics.org

AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern,

I authorize: _____
 School

 Address

 City, State, Zip Code

To release records of my child's **academic, health, attendance, psychological, and standardized testing** to the following:

**Immaculate Conception School
 24 Maple Avenue
 Wellsville, NY 14895**

 Student Name

 Parent/Guardian Signature

 Date

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	<input type="checkbox"/> Anaphylaxis Care Plan Attached
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Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
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Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
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Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
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Risk Factors for Diabetes or Pre-Diabetes:
 Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Hypertension: No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		

Name:	DOB:
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SCREENINGS

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

Full Activity without restrictions including Physical Education and Athletics.

Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications

No Contact Sports **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

No Non-Contact Sports **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

Other Restrictions:

Developmental Stage for Athletic Placement Process ONLY
 Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports
 Student is at **Tanner Stage:** I II III IV V

Accommodations: Use additional space below to explain

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

Order Form for Medication(s) Needed at School attached

List medications taken at home:		

IMMUNIZATIONS

Record Attached Reported in NYSIS Received Today: Yes No

HEALTH CARE PROVIDER

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex: Male Will this be your child's first oral health assessment? Yes No
Month Day Year Female

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature Date

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

II. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.