Student Name *

1.Primary Device: CIRCLE ONE

Chromebook, Laptop, Apple iPad, Windows Tablet, Desktop computer Android Tablet Smart phone

2.School provided Device: Yes No

3. Device Access: Device is shared not shared

4. Internet Access at Home: Yes No

5.Internet Access Type: Fiber Cable DSL Microwave Satellite Dial-Up Person Hotspot School provided hotspot Unknown

6.Internet Performance: Yes, with NO issues Yes, But Not consistent NO

Student Dental Examination Verification Form

Upon initial enrollment in a district or charter school, New Mexico Administrative Code (NMAC) 6.12.13 requires schools to verify student records of dental examination. This rule also allows for an informed opt-out process based on parent or guardian understanding of the risks associated with not having a dental examination.

TMP is dedicated to promoting the health of our students. We recognize oral health care is essential for general wellbeing and can have a significant impact on overall health. According to the Centers for Disease Control and Prevention (CDC), tooth decay is one of the most common chronic diseases of childhood in the United States. Left untreated, it can cause pain and infections that may lead to problems with everyday activities like eating, talking, playing, and learning. Routine oral health care such as dental visits, daily oral hygiene, healthy eating and consuming of water can help prevent tooth decay and other oral health conditions.

Student Name: _____

Please check the applicable response below:

☐ I confirm that my child has received a dental examination within the past calendar year.

☐ My child has not received a dental examination within the past year. I understand the risks associated with my child not receiving a dental examination, and I request a waiver allowing my child to be enrolled. If checked, this signed document may serve as the Student Dental Examination Waiver as defined by NMAC 6.12.13.

Parent/Guardian Signature: _____ Date: _____