

\_\_\_\_\_  
(Date)

Dear Parent,

The dentist will visit the school on \_\_\_\_\_(date)

Please return the reply slip below.

Yours sincerely,

\_\_\_\_\_

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**Reply**

✓ Yes, I would like my child, \_\_\_\_\_ to see the dentist

X No, I would not like my child \_\_\_\_\_ to see the dentist

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Letters for schools to give to parents:

5. Dentist – **language of this translation**