



IMAGINE FOUNDATIONS AT LEELAND

Lance Cortez Pace, M.Ed. – Principal

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"Developing dynamic individuals through hard work, academic achievement, and character education."

Monday September 19, 2016

Dear Parents,

As your partner in education, there is nothing more important than the safety and health of your child. That is why I am writing to share with you information about an incident that occurred over the weekend. Please read this letter carefully so you will have factually accurate information.

This past weekend we were notified by law enforcement about an online communication regarding our campus that might be considered threatening. We are following our policies regarding safety protocols and also working with local law enforcement as they conduct an independent investigation. In an abundance of caution, we asked law enforcement to inspect our campus this morning prior to staff and students arriving and to maintain a presence on campus today.

Parents, I want to reassure you that these measures are intended to reinforce the safety procedures already in place at our campus. We will continue to work closely with law enforcement to support their investigation and appreciate their presence on campus. I encourage you to use these facts in answering questions or concerns your child may have.

Please also use this as an opportunity to remind your child to immediately speak to a teacher or school administrator about any safety concerns he or she may have. We want your child to know our school environment is safe and focused on his or her academic success.

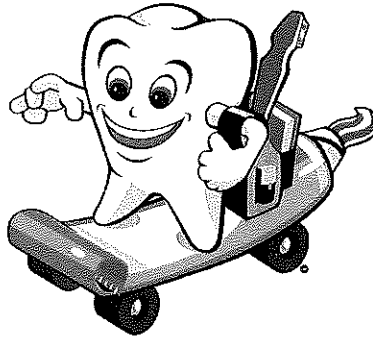
Should you have further questions or concerns, please feel free to reach out to me directly. As always, thank you for the privilege of partnering with you to educate your child at Imagine Foundations at Leeland Public Charter School.

Cordially

Lance Cortez Pace
Principal

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HELP YOUR STUDENTS GET A HEALTHY SMILE!

Dental disease results in 51 million lost school hours every year! Help your students get the dental care they deserve to keep them healthy and in the classroom.

All You Need to Do

- ✔ **Distribute the enclosed Permission Slips and Stickers TODAY.**
- ✔ Talk to your students about the importance of taking care of their teeth and being seen by a dentist to keep their smile healthy.
- ✔ Tell them that the dentist is coming to school and wants to see them.
- ✔ Ask your students to take the form home and bring the completed and signed form back tomorrow, if dental services are wanted.
- ✔ Collect the Permission Slips from your students each day for the next week.
- ✔ Return the collected forms to the school nurse or dental visit coordinator.

Make Sure The Parents Know

- ✔ Distribute the Permission Slips in your weekly Take Home Folders.
- ✔ Let the parents know the dentist is coming in your weekly parent email/newsletter/blog.

Thank you for your support and for caring about the health of your students.

YOU TRULY MAKE A DIFFERENCE!

Smile Maryland



THE DENTIST IS COMING TO YOUR SCHOOL!

Our school has joined with Smile Maryland to offer in-school dental care at **NO COST*** to you.

REMINDER

Fill out this form... in case you have not this year!

Taking care of your child's teeth is important to keep them healthy.

EASY & CONVENIENT - A state licensed dentist will regularly check your child's mouth & teeth, as well as provide a cleaning, x-rays as necessary, fluoride treatment and apply sealants, as needed. Additional care, such as fillings, may also be provided. A dental report card will be sent home with your child. Includes initial dental care & follow-up visits. **SIGN AND RETURN TO YOUR SCHOOL TODAY!**

PLEASE COMPLETE

Child's Legal Name		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City	State
School		Teacher	Grade
Parent/Guardian Name		Phone () ()	
Email		Alt Phone () ()	

MEDICAL INFORMATION - Check each condition that applies to your child. Approx. date of last dental visit _____

Dental problems _____ Heart problems/valve replacements/shunts Asthma/breathing problems

Epilepsy/seizures Allergies _____ Current medications _____ Antibiotic premedication required

Other health problems (i.e., diabetes, bleeding problems, communicable diseases, etc.)? Explain (attach additional pages as needed) _____

IF CHILD HAS MEDICAID/MARYLAND HEALTHY SMILES

Enter Child's 11-digit Medicaid Recipient ID Number HERE: →

*Medicaid & Maryland Healthy Smiles Program cover 100% of treatment

OR Child's Social Security # (if available) - -

IF CHILD HAS PRIVATE DENTAL INSURANCE Ins. Company name (other than Medicaid) _____ Ins. Phone _____

Group # _____ Employer name _____ Co. phone _____

Name of Insured Adult _____ **BIRTH DATE of Insured Adult** _____

Member ID/Policy # _____ Social Security # of insured adult _____

IF CHILD HAS NO DENTAL INSURANCE (ALSO CHECK ONE BELOW) If paying for services, staple check or money order to this form & make payable to: Smile Maryland.

I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 13 or younger: **\$68.00** Ages 14 or older: **\$84.00**

I request donated care to cover the cost of a dental cleaning, screening and fluoride for my child. (We will send you a donated care application. Available only once per school year for preventive care only.)

READ & SIGN BELOW

I request that the dentist perform a dental check-up on my child at school which includes exam, cleaning, fluoride, sealants and x-rays as needed, as well as other dental work as needed, including fillings, extractions of infected baby teeth, numbing the mouth and teeth and other procedures as described more fully on the back of this page. This permission includes future dental visits. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS PAGE and understand and agree to its terms.

OFFICE USE ONLY	
1st	6 mo
<input type="checkbox"/>	exam, prophyl, fluoride
<input type="checkbox"/>	exam, prophyl
<input type="checkbox"/>	(4)bxw or (2)bxw
<input type="checkbox"/>	PA films for diagnosis
<input type="checkbox"/>	seal (M)molars (MB)molars & bicusplids
<input type="checkbox"/>	csi

SIGN & DATE HERE →

DATE _____ For your privacy, please fold & secure.

QUESTIONS: 1-888-833-8441 FAX: 1-888-330-4331 Visit us at: mobilédentists.com

S.K. Pesis D.D.S., General Dentist & Dental Director, Big Smiles Maryland, PC
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ESPAÑOL AL REVERSO



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