

Program Enrollment Form for Schools

The Mississippi Seals School-Based Dental Sealant Program is available to children at eligible schools on a first come first served basis as funding is available.

The enrollment form does not guarantee program participation.

Instructions: Complete the section below and return by fax or email.

School Name: _____

School Address: _____

City: _____ County: _____

Phone: _____ Fax: _____

School Contact: _____ Title: _____

Contact email: _____

Contact Phone: _____ Fax: _____

Please enter the number enrolled for each grade below where applicable:

2nd grade: _____ 3rd grade: _____ 4th grade _____ 5th grade enrolled: _____

6th grade: _____

Percentage of F&R Lunch Program participation: _____%

Does your school currently receive dental services by a dentist? _____ YES _____ NO

If yes, list dental provider(s) names: _____

Program Contact:

Seymone Powell, RDH

Mississippi State Department of Health

Sealant Coordinator

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