



# Louisiana Seals Smiles

## School Interest Form

Please complete and return (see instructions at bottom)

1. Your Name: \_\_\_\_\_
2. How are you affiliated with the school? \_\_\_\_\_
3. Name of School: \_\_\_\_\_
4. Address of school (if known): \_\_\_\_\_  
\_\_\_\_\_
5. What parish is the school in? \_\_\_\_\_
6. What grade levels are at this school? \_\_\_\_\_
7. Are you the best person to contact about the school's participation? \_\_\_\_ Yes \_\_\_\_ No

*If you selected "yes", please provide your contact information below:*

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Your Phone Number : \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Fax Number : \_\_\_\_\_

*If you selected "no", we will determine who the best person at the school to contact is.*

Thank you for your interest!

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*Please return this form to Sheila Hampton, Dental Sealant Coordinator*

*By mail: Department of Health and Hospital, Office of Public Health, Oral Health, 628 N. 4<sup>th</sup> Street, PO Box 3214, Bin 4, Baton Rouge, LA 70821-3214*

*By fax: 225-342-2256*

*By email: Sheila.hampton@la.gov*