

**DENTAL SEALANT PROGRAM
INITIAL SCHOOL CONTACT INFORMATION**

School _____ Phone _____ School Hours _____

Contact Person _____ Date of Contact _____

Proposed dates to apply sealants _____ Location _____

Proposed date to show video/consent forms _____ Location _____

Time of arrival for video _____ Number of sessions _____

Date forms will be collected _____ Second grade _____

Six grade _____

Special Education _____

Enrollment Information

2 ND GRADE			6 TH GRADE			SPECIAL EDUCATION		
Room No.	Enrollment	Forms Ret'd.	Room No.	Enrollment	Forms Ret'd.	Room No.	Enrollment	Forms Ret'd.

Reminders:

- _____ Equipment will be delivered one day in advance. Have it placed in the room where we will work
- _____ Dental personnel will arrive one hour prior to the beginning of school
- _____ Dental personnel will need class lists for grades 2, 3, and 6 and special education classes
- _____ Are there any assemblies, field trips, tests, plays, etc., scheduled on the days when the dental sealant program will operate in your school?

Comments:
