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: _____

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
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Sealant Coordinator

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