



Louisiana Seals Smiles
School Participation Form

School Name: _____

Parish: _____

Address: _____

Phone Number: _____ Fax Number: _____

Yes, we will participate in Louisiana Seals Smiles.

No, we will not participate in Louisiana Seals Smiles.

If No, please provide reasoning: _____

Principal Name: _____ Nurse Name: _____

Principal Phone: _____ Nurse Phone: _____

Principal Email: _____ Nurse Email: _____

Principal Signature: _____ Nurse Signature: _____