



Louisiana Seals Smiles

School Participation Form

School Name: _____

Parish: _____

Address: _____

Phone Number: _____ Fax Number: _____

Yes, we will participate in Louisiana Seals Smiles.

School Year: _____

No, we will not participate in Louisiana Seals Smiles.

If No, please provide reasoning: _____

Principal Name: _____

Principal Phone: _____ Principal Email: _____

Principal Signature: _____ Date: _____

Nurse Name: _____

Nurse Phone: _____ Nurse Email: _____

Nurse Signature: _____ Date: _____