



# Arizona School-based Sealant Program

Serving Arizona's children since 1987

## School Application Please return via Fax or Mail

### Contact Person

1. Name and Title: \_\_\_\_\_  
(e.g., School Nurse, Principal, Health Aide, Secretary, Head Teacher, Administrator)
2. Phone: \_\_\_\_\_ 3. Fax: \_\_\_\_\_ 4. E-mail: \_\_\_\_\_

### School Information *(Complete one form for each school)*

5. School Name: \_\_\_\_\_ School District: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Mailing address (if it is different from school street address):  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Scheduling Information

**Optional Information:** you are not required to answer the following questions as part of the application process; however the information provided will help in scheduling dates and times for your school.

7. Number of students enrolled in grade 2: \_\_\_\_\_ Number of students enrolled in grade 6: \_\_\_\_\_
8. School year begins \_\_\_\_\_ School year ends \_\_\_\_\_
9. School day begins for 2<sup>nd</sup> grade \_\_\_\_\_ A.M. School day ends for 2<sup>nd</sup> grade \_\_\_\_\_  
School day begins for 6<sup>th</sup> grade \_\_\_\_\_ A.M. School day ends for 6<sup>th</sup> grade \_\_\_\_\_
10. Early release days/dates \_\_\_\_\_
11. School Breaks  
Fall Break From/to: \_\_\_\_\_  
Winter break From/to: \_\_\_\_\_  
Spring break From/to: \_\_\_\_\_
12. Testing dates From/to: \_\_\_\_\_
13. Preferred days? M T W Th F (circle all that apply)
14. I prefer to schedule a visit in **FALL** **SPRING** **EITHER** (circle one) **PREFERRED MONTH** \_\_\_\_\_
15. Does your school send consent form packets out as part of Registration? **YES** **NO** (circle one)  
If yes, approximately what date are the packets mailed out? \_\_\_\_\_

THANK YOU!



Please fax or mail this application to: **602-506-3081** Attn: **Dalila Guerrero**

Office of Oral Health  
150 N 18<sup>th</sup> Avenue, Phoenix, AZ 85007  
or email to: DalilaGuerrero@mail.maricopa.gov