

Houston Department of Health and Human Services 8000 North Stadium Drive #26 Houston, TX 77054-1823 713-732-5065

Confirmation to Attend Project Saving Smiles

Mission 1: October 31 – November 4, 2011 Mission 2: January 9 – 13, 2012 Mission 3: April 16 - 20, 2012

School Name:		
Preferred PSS Mission: 1	2	
School Representative:		
Telephone:	 Fax:	
Email:		
School Hours:		
Total Number of 2 nd Graders:		

Total Number of 2nd Graders in the Free and Reduced Lunch Program:

In order to serve your students efficiently, it is imperative the students and chaperones arrive promptly for your scheduled appointment time. Please be prepared to remain at clinic site for at least four (4) hours.

This *Confirmation to Attend* form is due by <u>September 23, 2011</u>. Preferably, please scan/email to <u>katrima.matthews@houstontx.gov</u>; or fax to 832-393-5216, attn: Mrs. Katrima Matthews, Project Saving Smiles. Please call Mrs. K. Matthews, 832-393-4877, to confirm receipt of your faxed confirmation.

(please initial) I agree to make all necessary arrangements for the safe and timely transport of all students to and from the clinic site. If my school's appointment time is scheduled during the usual lunch period, I will provide a bag lunch for my students and chaperones.

_____(please initial) I agree to notify parents if a later than usual pickup at the school site will be necessary.

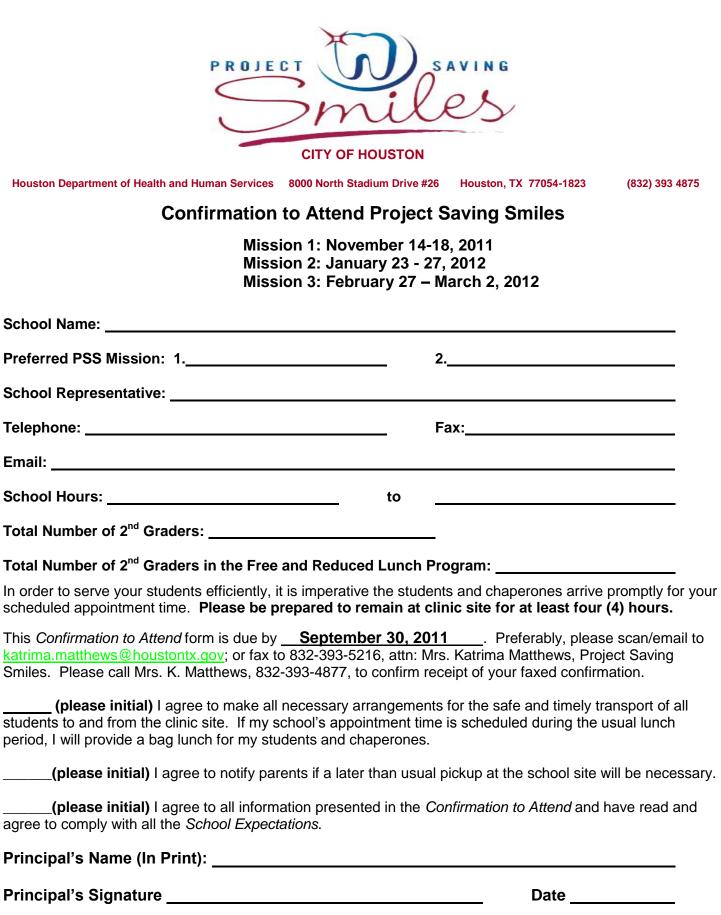
_____(please initial) I agree to all information presented in the *Confirmation to Attend* and have read and agree to comply with all the *School Expectations*.

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Principal's Signature _____

Date

All <u>signed/original</u>	Parental Consent Forms and Student	Logs must be turned in	to the school nurse or	
designated person	4 weeks prior to the chosen PSS date	. For more information	please contact Mrs. K.	Matthews,
at 832-393-4877 or	katrima.matthews@houstontx.gov.	-	-	



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