



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: _____ to _____

Total Number of 2nd 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 **September 23, 2011**. Preferably, please scan/email to katrima.matthews@houstontx.gov; 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*.

Principal's Name (In Print): _____

Principal's Signature _____ Date _____

All signed/original 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.



Houston Department of Health and Human Services 8000 North Stadium Drive #26 Houston, TX 77054-1823 (832) 393 4875

Confirmation to Attend Project Saving Smiles

Mission 1: November 14-18, 2011

Mission 2: January 23 - 27, 2012

Mission 3: February 27 – March 2, 2012

School Name: _____

Preferred PSS Mission: 1. _____ 2. _____

School Representative: _____

Telephone: _____ Fax: _____

Email: _____

School Hours: _____ to _____

Total Number of 2nd 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 **September 30, 2011**. Preferably, please scan/email to katrima.matthews@houstontx.gov; 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*.

Principal's Name (In Print): _____

Principal's Signature _____ Date _____

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