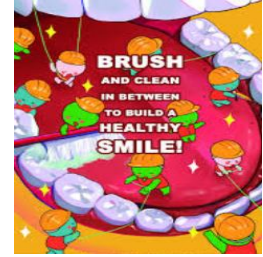




## Houston Independent School District Health and Medical Services

### School Confirmation to Participate **2019 Dental Health Month Poster Contest**



School Name: \_\_\_\_\_ School Telephone: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Email: \_\_\_\_\_@houstonisd.org

Art Teacher: \_\_\_\_\_ Email: \_\_\_\_\_@houstonisd.org

And/Or

Representative: \_\_\_\_\_ Email: \_\_\_\_\_@houstonisd.org

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#### Contest Rules:

1. There will be two categories for entries.
  - Category 1 will include 1st – 3rd grades
  - Category 2 will include 4th – 6th grades.
2. Posters may be in the form of a slogan, picture, or both and should depict the theme as illustrated in the student's own creative style. (No traced, copied, or commercial cut-outs will be accepted.)
3. Each poster must be 12"x18" in size. White or gray art paper may be used as long as it is mounted on colored poster board of the specified size.
4. The back of each entry must have this information: (1) Student's Name (2) Grade (3) School (4) Teacher
5. Preliminary judging at the school will determine the First, Second, and Third place winners in each category.
6. Submit posters to Hattie Mae White, Health and Medical Services, 3<sup>rd</sup> floor.  
Poster contest deadline is **March 1, 2019**.



**Make sure to read contest rules and submission guidelines on  
academic memo sent to principals on January 22, 2019**



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- First 25 Schools to sign up to participate using this form in the 2019 Dental Health Month Poster contest will receive \$50 worth of art supplies for the school once the contest has been completed.
  - First, Second, and Third place winning posters at the campus level that are turned into Health & Medical Services (HMS) will receive an Oral Care Kit from HMS and a Ribbon for Participation from the Greater Houston Dental Alliance.
  - All participants at the campus level will receive Certificates of Participation from Health and Medical Services.

Please scan this form via Email to [Slaguna@houstonisd.org](mailto:Slaguna@houstonisd.org)

I have read and understand the expectations of my school and agree to participate in the 2019 Dental Health Month Poster Contest.

Campus Representative Signature \_\_\_\_\_ Date \_\_\_\_\_