MUNCIE COMMUNITY SCHOOLS
Icerman Dental Clinic – Located at the Muncie Area Career Center
Student Referral Form 2015-2016

Instructions:

- MCS students who are **registered in the free/reduced lunch program are eligible** for services through the Icerman Dental Clinic. No other documentation is required other than the submission of this referral form.
- This referral should be completed by the MCS school nurse and faxed to the Icerman Clinic at the Muncie Area Career Center at 751-0500.
- This information will be used to contact the parent/guardians to arrange an appointment for the child. It may take several weeks before an appointment can be arranged.

Sending School:_____

School Nurse: _____ Phone: _____

Date:_____

Yes, this student is registered in the free/reduced lunch program and needs dental services.

Student's Name:_____
(last) (first)

Address:_____

Zip Code: _____ Home Telephone: _____

Parent Cell Phone: _____ Work Phone: _____

Student's Parent/Guardian Name: _____

Student's Date of Birth:_____

Student's Age: _____ Student's Sex (please circle): F M

Fax this form to the Muncie Area Career Center
CTE Office – Attention: Carolyn Brown
FAX# 751-0500