



Smile For A Lifetime – West Orange Application

Date: _____

Applicant's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Applicant's School: _____ Grade: _____ GPA: _____

If listing a private school, are you on a scholarship? _____ FULL _____ or PARTIAL _____

Name of Parent/Guardian: _____

Parent/Guardian Phone: _____ Cell Phone: _____

Address: _____

Parent/Guardian Email: _____

Name of Parent/Guardian #2: _____

Parent/Guardian Phone: _____ Cell Phone: _____

Address: _____

Parent/Guardian Email: _____

Total Household Income: _____ Number of people in the household: _____

How did you hear about the Smile For A Lifetime program? _____

Dentist Name: _____ Last Cleaning date: _____

Have you applied before? : _____ When: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

Please email, fax or mail this form back.
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Fax: 407-656-5290
Mail: Attn: Smile For A Lifetime
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