
Thursday, January 23rd, 2025

DeSmet Public School



6355 Padre Ln. Missoula, MT 59808
<http://desmetschool.org> T:406-549-4994

Sealants for Smiles will take place on February 25th. Attached is the permission form. Please complete the form and return it with your student to their teacher or the office. If you do not wish for your student to participate, please write your child's name and check the box at the bottom of the form to opt out.

Beef raffle tickets will be available for purchase starting this week. Attached to this message are two pages containing all relevant information, including contact details for any further inquiries you may have.

Early Release next Thursday, January 30th at 12:30. Buses and Boys & Girls club will be running.

Parent/Teacher conference slips will be going home next week. Conferences are on February 6th.

Please ensure that your student has a pair of indoor shoes as well as outdoor boots or shoes. When students return from outside, they are required to remove their boots or shoes and change into their indoor shoes.

The DeSmet Foundation is welcoming new members. Members will help with fundraising for the DeSmet daycare and student activities. If you are interested in joining, please see Mr. Driessen.

We are seeking donations of snow boots and snow pants in all sizes and in good condition. If your child has outgrown any of these items and you would like to donate them to the school, please feel free to drop them off at the front office.

Upcoming Events:

- **January 30th ~ Early Release @12:30**
- **Girls Basketball Home Game @4:00 against MIS**
- **February 6th ~ Early Release**
- **February 6th ~ Parent Teacher Conferences 1-7**
- **February 7th ~ No School**
- **February 17th ~ No School**
- **February 25th ~ Sealants for smiles**

January 23, 2025

Dear DeSmet Families,

We are excited to announce for 8th graders the annual beef sale beginning again this week! Funds raised will support middle school students in fundraising for their trip to Washington, DC.

Students will sell raffle tickets priced at \$5 for 1 ticket, or \$20 for 5 tickets to be entered into the Beef Raffle. There will be 5 winners! Each winner will receive a box of grass-fed beef, averaging 30 lbs per box.

Please have students write down the buyer's information and return the sheet and money to their classroom teacher no later than Wednesday, May 7th. Phone contact number is essential!

The top 3 sellers in grades PK-5 will each receive a 4 ticket pack to Get Air! (Money raised by 6-8th graders will go directly into their Washington DC accounts.)

The winners will be announced at the Spring Music Concert on Thursday May 15, 2025. Winners do not need to be present.

Thank you all for your support! Please do not hesitate to contact me with any questions!

Sincerely,

Ms. Abate

8th Grade Homeroom / Graduation Coordinator
Social Studies Teacher
mabate@desmetschool.org

Ms. Bateman

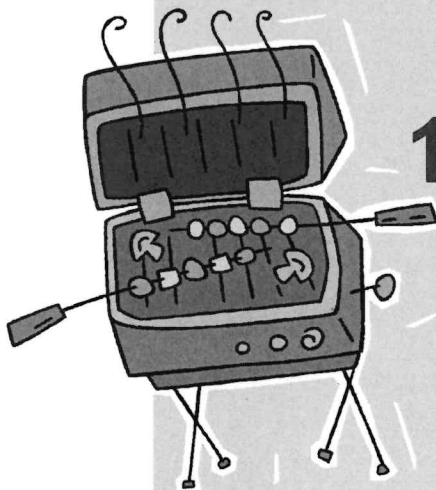
7th Grade Homeroom/ Close-up Coordinator
Math Teacher
sbateman@desmetschool.org

Annual DeSmet School Beef Raffle

*Proceeds go towards the 2026 Close Up
Trip(Washington DC)*

*5 Grand Prizes: Box of Steak
& Roasts
(Approx. 30 lbs/box)*

Top 3 selling students in grades K-5
Students will each win a 4- pack pass
to Get Air!



**1 ticket for \$5
OR 5 for \$20**

Drawing on Thursday May 15th
during the Spring Concert
(Need not be present to win)



Consent Form



For Questions Contact Program Coordinator: ★ P 406.595.5842 ★ E smile@sproutoralhealth.org

Dental professionals will be visiting _____ DeSmet _____ School to provide children with no-cost;

- dental screenings
- cavity preventing services including fluoride varnish and dental sealants (**only if needed**);
- toothbrushes, toothpaste, prizes, and dental health "report cards".

This program is not meant to be an alternative to regular dental care. Children who have a dentist should keep existing scheduled appointments and continue regular care by their dentist. This program is available at no-cost to families and follows recommendations from the American Dental Association and Centers for Disease Control and Prevention for school dental sealant programs.

If you feel unclear or uneasy about the screening and preventative services being offered, you may contact 406-595-5842 -OR- you may decline to enroll your child.

If you would like your child to participate: record your child(ren)'s information below, fill out the form, and **SIGN** the bottom of the page.
If you would like to opt out of this program: record your child(ren)'s information below and **CHECK** the **BOX** at the bottom of the page.

Child's Name	Grade	Teacher

Consent

By signing below, I give permission for Sealants for Smiles! (and affiliated dental professionals) to provide the following dental care to my child/children listed above:

A limited dental screening, and **only if needed**:

- A fluoride varnish treatment to help protect teeth from cavities
- Dental sealants to help protect teeth from cavities or to stop early cavities from getting worse (some schools)

Please provide us with the following information:

- YES / NO** My child has a dentist
- YES / NO** My child has seen the dentist in the past year
- YES / NO** My child has Healthy Montana Kids (Medicaid/CHIP)
- YES / NO** Would you like assistance applying for Healthy Montana Kids (free insurance) for your child/children?

By signing below, I give permission for the school to allow my child to participate and receive the dental care as indicated above, and to provide Sealants for Smiles! with the date(s) of birth, state student ID number(s), gender, grade level, and teacher name for my child/children. If my child is found to have an emergency dental infection, I also authorize the School to share my limited contact information for purposes of facilitating follow-up care.

If my child has Healthy Montana Kids or Healthy Montana Kids Plus (HMK), I give permission for Sealants for Smiles! to submit a claim to HMK for the services provided. I understand that if my child has private dental insurance, or no dental insurance at all, the cost of the visit will be covered by grant money and that I have no payment obligation. Bills are *never* sent to families.

I understand that my child's personal information will be kept confidential by Sealants for Smiles! and will be shared only as authorized by me or as permitted by applicable law, e.g., the Health Insurance Portability and Accountability Act. I have had an opportunity to review the Sealants for Smiles! Notice of Privacy Practices at MontanaSmiles.org and may receive a copy upon request.

Legal Caregiver Signature

Legal Caregiver Printed Name

Date

I choose for my child/children to "opt out" of this program. (check this box)