

	Application f	or Anthropometric Equipment 2024-2025	
Application for:	Scale	Measuring Board	SOUTH DAKOTA HEALTH
*Only one app	olication is allov	ved per school building.	DEPARTMENT OF I ILALII
School Building Nam District Name: Contact Person Name Telephone Number: Email Address:			
	-	ace below the contact name and shipping address d if different than the contact information above:	s (NO PO Box), to
Scale: Is weight measured o	on a balance bea	am scale?	
If no, how is weight o	btained?		
Is scale moved from I	location to locat	tion?	
Where would this sca	le be located?		
Would location allow	for privacy whe	en obtaining weight?	
Why do you want a n	ew scale?		
Measuring Board: Is height measured o	n a wall-mounte	ed measuring board?	
If no, how is height o	btained?		
Where would this me	asuring board b	pe located?	
Why do you want a n	ew measuring l	board?	
School Height /Weig Has this school partic		on: eight/weight data collection?	
Would you be willing	to participate i	f you received this equipment?	
Approximately how many students would you measure each year?			
*If your scho		quipment, you are required to submit data for ou Veight project for a <u>minimum of 3 years.</u>	r School Height &

Signature of Building Principal:_____ Print name of Principal:

Submit application by regular or electronic mail on or before October 15 to:

Larissa Skjonsberg, NPA Program Director SD Department of Health 910 E. Sioux Ave, Pierre, SD 57501

Email: Larissa.Skjonsberg@state.sd.us