Application for: _____ Scale _____ Measuring Board



*Only one application allowed per school building.

School Building Name: District Name: Contact Persons Name: Telephone Number: Email Address:

If approved, person and street address (not PO Box) to whom the equipment will be shipped to:

Is weight measured on a balance beam scale?
If no, how is weight obtained?
Is scale moved from location to location?
Where would this scale be located?
Would location allow for privacy when obtaining weight?
Why do you want a new scale?
Measuring Board: Is height measured on a wall-mounted measuring board?
If no, how is height obtained?
Where would this measuring board be located?
Why do you want a new measuring board?
School Height /Weight Data Collection: Has this school participated in the height/weight data collection?
Would you be willing to participate if you received this equipment?
Approximately how many students would you measure each year?
*School agrees to submit data for a <u>minimum of 3 years</u> if awarded the equipment

Signature of Building Principal:_____

Print name of Principal:_____

Submit application by regular or electronic mail on or before <u>September 30</u> to:
Larissa Skjonsberg, NPA Program Director
SD Department of Health
615 East 4 th Street Pierre, SD 57501
Email: Larissa.Skjonsberg@state.sd.us