



WRD Dental Assisting, LLC

Enrollment Application

FIRST NAME*

LAST NAME *

EMAIL *

PHONE NUMBER *

DATE OF BIRTH*

STREET ADDRESS *

CITY*

STATE *

ZIP CODE *

What course are you interested in?

Dental Assisting

EFDA

Coronal Polish/Fluoride

Will you be the age of 18 or older at the start of class? *

YES

NO

How did you hear about us? *

Google ___

Facebook ___

Instagram ___

Friend/Family ___

Staff/Faculty ___

Student/Alumni ___

Other _____

A U.S. high school diploma is required in order to take this course. Please attach a copy of your transcript with your completed application.