



Enrollment Application

Applicant's First & Last Name: _____

Email: _____ Phone: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

What Course Are You Interested In? (Check One)

- Dental Assisting
- Expanded Functions Dental Assisting
- Coronal Polish/Fluoride

Will You Be The Age Of 18 Or Older At The Start Of The Course? (Check One)

- YES
- NO

How did you hear about us? (Check One)

- Google
- Facebook
- Instagram
- Family/Friend
- 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.