

Application for Admission



Professional Dental Assistant School

606 West Avenue – Norwalk, CT 06850

203-939-9200

Name _____			
First	Middle	Last	
Social Security Number _____		Date of Birth _____	
		Month	Date Year
Address _____	City _____	State _____	Zip _____
Home Telephone (____) _____		Cell Phone (____) _____	
Email _____			

*High School _____			
Name		City	State
Year of Graduation _____		GED Year _____	
Have you attended a college or Technical Institution? Yes No Graduated? Yes No			
*College _____			
Name		City	State
How did you first hear about this program? _____			
Why do you want to become a dental assistant? _____			

Emergency Contact:			
Name _____		Telephone (____) _____	Relationship _____
First	Last		
Address _____		City	State

Employment Conditions: -Ability to speak, read, write English -Work and stand for long hours -Good manual dexterity with both hands
-A background check may be required by dentist employer

Non-Discrimination: Professional Dental Assistant School does not and shall not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, religion, marital status or military status in the administration of its admissions or educational policies, scholarship program or in employment.

Application Checklist:

- Completed/Signed Application
- Copy of High School Diploma or GED Certificate
- Copy of Driver's License or State ID
- Non-refundable Application Fee (\$50)

I understand that there is a non-refundable \$50 application fee to be included with this application.

*Documentation of high school graduation or completion is required.

Name _____ Signature _____ Date _____