

Sunrise School of Dental Assisting  
1009 Spring Forest Rd.  
Raleigh, NC 27615  
919-878-2077

APPLICATION FORM

Date \_\_\_\_\_ 20\_\_\_\_\_

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_ Parent, Guardian, or Spouse \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

High School Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ High School Graduate? \* \_\_\_\_\_ Year of Grad? \_\_\_\_\_

GED? \_\_\_\_\_ Have you attended a College or Technical Institution? \_\_\_\_\_

Graduated? \_\_\_\_\_ 4 or 2 Year Degree? \_\_\_\_\_ Name of College \_\_\_\_\_

College Address \_\_\_\_\_ Date of Graduation \_\_\_\_\_

How I first heard about this program: \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I wish to be considered for acceptance to the following program: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ Saturday Classes

\_\_\_\_\_ Tuesday and Thursday classes

_____ Raleigh	_____ Winston Salem
_____ Fayetteville	

Please write a short essay one to two pages on why you would like to be a Dental Assistant and why you feel you would be an asset to the field. Mail, or bring this completed form plus your essay to: Sunrise School of Dental Assisting  
1009 Spring Forest Rd. Raleigh, N.C.27615  
attention: Paulette Jolly, School of Dental Assisting.

I understand that there is a \$25.00 nonrefundable application fee to be included with my application.

\* Documentation of graduation is required