

STUDENT 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

Location:

<u>North Carolina</u>	<u>South Carolina</u>		
___ Raleigh	___ Greensboro	___ North Charleston	___ Greenville
___ Fayetteville	___ Asheville	___ Columbia	___ Florence

Please attach a short one to two page essay 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