

Arizona School of Dental Assisting

1825 E. Northern Ave., Suite 225 • Phoenix, Arizona 85020 • 602.678.7061

APPLICATION FORM

Date _____

Name _____ Maiden Name _____

Social Security Number _____ Date of Birth _____

Current Address _____ City _____ State ____ Zip _____

Permanent Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Parent, Guardian or Spouse _____ Phone (____) _____

Address _____ City _____ State ____ Zip _____

High School _____ Year of Graduation _____

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 Grad _____

How I first heard about this program: _____

In case of emergency contact: _____

Phone (____) _____ Relationship _____

Address _____ City _____ State ____ Zip _____

I wish to be considered for acceptance to the following program:

Monday & Wednesday: Morning (10AM – 1PM) _____ Evening (6:30PM – 9:30PM) _____

Tuesday & Thursday: Morning (10AM – 1PM) _____ Evening (6:30PM – 9:30PM) _____

I understand that there is a \$50.00 nonrefundable application fee to be included with my application.

* Documentation of Graduation required.