

# Lake Norman Dental Assisting School

## Application for Dental Administrative Front Office

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home / Cell \_\_\_\_\_

Parent, Guardian, or Spouse \_\_\_\_\_

Home / Cell \_\_\_\_\_

High School/College \_\_\_\_\_ Year of Grad. \_\_\_\_\_

High School Graduate \_\_\_\_\_ GED \_\_\_\_\_ College \_\_\_\_\_

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

In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

State, Zip \_\_\_\_\_

**I understand that there is a \$40.00 nonrefundable application fee to be included as well as documentation of official high school transcript, official GED transcript, or official college transcript, we only need 1 official transcript. Without these two requirements my application will not be complete**