

Lake Norman Dental Assisting School

Application for Orthodontic Dental Assisting I

Name _____

Address _____

City _____ State _____ Zip _____

Date of application _____ Date of Birth _____

E-Mail Address _____

Home / Cell, Numbers _____

Parent, Guardian, or Spouse _____

Home / Cell, Numbers _____

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 _____

Please circle which class you would like to attend:

Session I

Session II

Session III

I understand that there is a \$40.00 nonrefundable application fee to be included as well as documentation of high school graduation or GED. Without these requirements my application will not be complete and sent back. Late fee is \$150.00

