

Dental Careers Institute

Mail to; 7766 Winghaven Blvd

O'Fallon MO 63368

Or Fax to; 636-561-4356

dentalcareerinstitute@gmail.com

www.dentalcareersinstitute.net

Application for all courses

School Location: (Please see web site for locations)_____

NAME:

LAST _____ **FIRST** _____

ADDRESS:

STREET _____ **CITY** _____

STATE _____ **ZIP** _____ **PHONE** _____

EMAIL ADDRESS _____

BIRTHDATE _____ **SS#** _____

PLEASE CIRCLE WHICH COURSE YOU ARE APPLYING FOR:

DENTAL ASSISTING**DENTAL BUSINESS OFFICE

HOW DID YOU HEAR ABOUT OUR CLASS? Circle one:

FRIEND FAMILY COUNSELOR NEWSPAPER OTHER

If friend or family please tell us who: _____

For purpose of the admissions process: I hereby state that I graduated from _____ High School on _____ (month and year) or received my GED or equivalency.

SIGNED: _____ **DATE:** _____

FOR OFFICE USE ONLY

\$75 Application Fee Paid _____ Check Money Order Cash Credit or Debit Card

Date course to start _____ Course completion date _____