

Date: _____

APPLICATION

Texas Academy of Dental Assisting, LLC
4255 Bryant Irvin Road #112
Fort Worth, TX 76109
(817) 291-8078
www.texasdentalassisting.com

Student Name: _____

Present Address: _____

City: _____ State: _____ Zip code: _____

Permanent Address (if different from above): _____

Contact Information

Home Phone: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Social Security No.: _____

Foreign Languages

Speak: _____ Read: _____ Write: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

<u>Program Information</u> Program: <u>Dental Assisting</u> Program Length: <u>12 Weeks</u> Specified in clock hours: <u>72 hours</u>	Start Date: _____ Completion Date: _____
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