



# Application for Admission DENTAL ASSISTING

## PERSONAL INFORMATION

Last (Family) Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Mailing Address (if different from permanent address)

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

O.E.N (Ontario Education #) \_\_\_\_\_

Are you a Canadian Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered no, please attach a copy of your Student Visa or other residency documentation.*

- Permanent Resident
- Student Authorization
- Refugee Status
- Other (Please specify): \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone Number

Alternate Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about the Southern Ontario Dental College?

\_\_\_\_\_

## EDUCATION

Please list your most recent school first.

School/Institution: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_ Year Left \_\_\_\_\_

School/Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_ Year Left \_\_\_\_\_

School/Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_ Year Left \_\_\_\_\_

I hereby certify that all statements made on this form are correct and complete. I understand that any misrepresentation of information may result in the cancellation of my admission or registration.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_