



# Application for Admission DENTAL ASSISTING LEVEL I & II

## PERSONAL INFORMATION

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

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

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

Permanent Address: \_\_\_\_\_ Unit/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

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

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

Mailing Address (if different from permanent address)

\_\_\_\_\_

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

Email: \_\_\_\_\_

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

Gender:	First Language spoken:	Are you a:
MALE	ENGLISH	Canadian Citizen
FEMALE	FRENCH	Permanent Resident
OTHER	OTHER	Refugee Status

Are you an international Student

YES

NO

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

*If you answered yes please attach a copy of your Student Visa or other residency*

Student Authorization

*Other please specify:* \_\_\_\_\_

Emergency Contact

Name:

\_\_\_\_\_

Address \_\_\_\_\_ Unit/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal: \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

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

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

## 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 \_\_\_\_\_

How did you hear about the Southern Ontario Dental College?

\_\_\_\_\_

**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 \_\_\_\_\_