

Application for Admission  
Laurel Institute for Dental Assistants  
www.laurelinstitute.com  
1254 Jungermann Road  
Suite B  
St. Peters, Mo. 63376  
(636)447-3339

(The information you provide is private. Submission of this information does not obligate the applicant to the Laurel Institute for Dental Assistants. It will be used in conjunction with other data to evaluate enrollment)

**PLEASE PRINT CLEARLY**

**PERSONAL DATA:**

**DATE:** \_\_\_\_\_

Mr. Mrs. Ms.

NAME \_\_\_\_\_ MAIDEN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**EDUCATION:** HAVE YOU PREVIOUSLY ATTENDED A COLLEGE OR TECHNICAL SCHOOL? Yes \_\_\_\_\_ NO \_\_\_\_\_

\*HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

\*GED \_\_\_\_\_ YEAR RECEIVED \_\_\_\_\_

\*COLLEGE \_\_\_\_\_ YEAR DEGREE REC'D \_\_\_\_\_

\*HOW DID YOU HEAR ABOUT OUR PROGRAM? \_\_\_\_\_

\*EMERGENCY CONTACT: \_\_\_\_\_

\*RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

DO YOU HAVE ANY FRIENDS OR RELATIVES WHO MAY HAVE ATTENDED THE LAUREL INSTITUTE? \_\_\_\_\_

\*IF SO, PLEASE LIST: \_\_\_\_\_

DO YOU HAVE ANY HANDICAPS THAT MAY PREVENT YOU FROM WORKING IN THIS FIELD? \_\_\_\_\_

DO YOU UNDERSTAND THAT YOU WILL BE REQUIRED TO RECEIVE A VACCINATION FOR HEPATITIS B BEFORE YOU WILL BE ALLOWED TO PERFORM DUTIES ON OTHER STUDENTS DURING TRAINING AND ON ACTUAL PATIENTS IN A DENTAL OFFICE? \_\_\_\_\_

PLEASE TELL US WHY YOU FEEL AN INTEREST IN BECOMING A DENTAL ASSISTANT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSONAL HOBBIES/INTERESTS: \_\_\_\_\_

PLEASE INDICATE AT LEAST TWO (NON-RELATED) REFERENCES WHO COULD RECOMMEND YOU:

(1) NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

(2)NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND ATTEST THAT THEY ARE TRUE AND CORRECT:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- DOCUMENTATION OF GRADUATION FROM HIGH SCHOOL SUCH AS A DIPLOMA OR EQUIVALENCY, COLLEGE, OR TECHNICAL SCHOOL IS REQUIRED.
- **A \$50.00 FEE MUST BE SUBMITTED WITH THE APPLICATION**