

Green Country School of Dental Assisting
201 North Lynn Riggs
Claremore, Ok 74017
(918) 343-7188

Application Form

Name _____ Maiden name _____

Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Parent, Guardian, or Spouse _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

High School Graduate? _____ GED _____

High School _____ Year of Grad. _____

High School Address _____

Have you attended a College or Technical Institution? _____ Graduated _____

4 or 2 year Degree? _____ Name of College _____

How I first heard about the program: _____

In case of emergency contact:

Name _____ Phone _____ / _____ Relationship _____

Address _____ City _____ State _____ Zip _____

I wish to be considered for acceptance

Start Date: _____

to the following program:

Saturday classes _____

_____ Dental Assisting

Evening classes _____

Copy of Diploma or GED is required

Office use only... Application fee \$25 paid on _____

Cash/check # ____/M.O/Credit Card