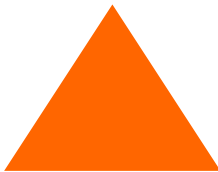
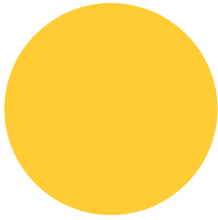


Name _____

Date of tour: _____

Registered: Y N

Class start date: _____



Eastex Dental Academy E.D.A.



**The building blocks needed for a quality
dental assisting education**

Background Information

Date _____

Name _____ EmailAddress _____

Address _____ Home phone _____

City _____ Cell phone _____

State _____ zip _____ Business phone _____

US Citizen: Y N If not US Citizen: Registration # _____

Permanent Resident Alien: Y N Visa type _____

Permanent Resident Alien: Y N Alien # _____

Other: _____

Active Military/Veteran Y N Eligible for Military Benefits: Y N

M F Birth date: M _____ D _____ Y _____

Drivers License # _____ state _____

Social Security # _____

Race or Ethnic Origin: White (not of Hispanic origin)

Black (not of Hispanic origin) Hispanic

Asian/Pacific Islander American Indian Alaskan Native

High School

High school attended _____ City _____ State _____

Graduation year _____

GED year _____ GED test center _____

City _____ State _____

Additional Education

College Name _____

Address _____

Dates Attended: From _____ to _____

Degree Earned _____

College Name _____

Address _____

Dates Attended: From _____ to _____

Degree Earned _____

Employment

Current employment _____

Position _____ Days/hrs wkd _____

Additional Information

Other Colleges Visited _____

Foreign Languages: Speak _____ Read _____ Write _____

What's Important To You?

Check all that apply to your school selection:

- Academic Reputation
- Financial Assistance
- Facility Appearance
- Lab Availability
- To learn about things that interest me
- Career Advancement
- Location
- Class Size
- Training for Specific Career
- Class Schedule
- Curriculum
- Affordability

Other _____

For Representative Use Only

General Notes

Prior education and employment notes

Future plans/thoughts/goals/commitments

What is important to you notes

Other educational options

Your Educational Timeline

- Interview_____
- Tour_____
- Payment Options_____
- Review what is important to you_____
- Application_____
- Down Payment Made_____
- Acceptance_____
- Enrollment Agreement_____
- Orientation_____
- Begin Classes_____
- Graduation_____

Take The Next Step

I _____ have met with _____,
a Representative of E.D.A., and based on the information provided I would like to apply
for admission into the _____
_____ program.

Applicant Signature

Date

Representative Signature

Date

E.D.A. offers equal opportunities, without distinction or discrimination because of race, religion, color, age, sex, sexual orientation, national origin, disability, gender or any other protected status, in all of its programs of study and services. The school also encourages cultural and ethnic diversity in its faculty, staff and student body.

Have you had any "hands on" training? Yes: _____ No: _____

Can you devote a few hours each day to studying? Yes: _____ No: _____

Will you be working while attending school? Yes: _____ No: _____

Will you be able to attend all classes for the 20 week – 3 days a week course? _____Y _____N

If no, please explain: _____

Do you have adequate transportation to get to school? _____

Who is your emergency contact? _____

Name

relationship

phone

You are required to provide proof of HBV or you will have to start/get vaccinations within the first 4 weeks of classes. *The TB test must be taken and results provided by the end of the first week of class.*

The costs for these are not included with tuition/supplies.

Can you provide proof? _____Y _____N

If no, are you willing to get started and pay for these vaccinations/test? _____Y _____N

This is a requirement by the Dept. of Health and this Academy.

In connection with this application for Eastex Dental Academy, I understand that a consumer report that may contain public records information may be requested. By signing below, I am giving permission to obtain these records.

This signed document is proof that I was given a tour of the academy before deciding if I want to attend the school or not.

Applicants Signature

date

Academy Notes: (for representative use only)