

**LOS ANGELES SCHOOL OF DENTAL ASSISTING**  
**2701 Beverly Boulevard**  
**Los Angeles, CA 90057**  
**(213) 389-6211 Office**  
**(213) 389-4168 Fax**

**DENTAL ASSISTING CLASS REGISTRATION FORM**

Date \_\_\_\_\_ 20 \_\_\_\_\_

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent, Guardian or Spouse \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

High School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Graduate? \_\_\_\_\_ Year of Grad? \_\_\_\_\_ GED? \_\_\_\_\_

Have you attended a College or Technical Institution? \_\_\_\_\_ Graduated? \_\_\_\_\_

2 or 4 Year Degree? \_\_\_\_\_ Name of College \_\_\_\_\_

College Address \_\_\_\_\_ Date of Graduation \_\_\_\_\_

How I first heard about this program: \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I wish to be considered for acceptance in the Dental Assisting Program. Start Date: \_\_\_\_\_

*I understand that the \$395 registration fee is non-refundable.*