



FOR OFFICE USE ONLY

Date Received: _____ Location: _____

Application Fee: _____ Transcript Essay

STUDENT APPLICATION for ADMISSIONS

Application Instructions:

Complete Application entirely. Along with application, please submit: A copy of your high school (or college) transcript, a short essay on your interest in our program and the dental field, and a \$30.00 Application Fee. In order to reserve a seat in a class you must submit a \$100.00 deposit. You are welcome to include your deposit at the time of your application if you would like. Once completed, please mail, email, or fax all the required documents to McKinley at the Raleigh, NC office.

First Name: _____ Middle: _____ Last: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Current Address: _____
City State Zip

Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

E-Mail Address: _____

How did you hear about this program?: _____

EDUCATION

High School: _____
City State

Graduated? YES NO Year: _____ If no, did you receive a GED? YES NO

College/Tech. School: _____
City State

Did you receive a degree/diploma? YES NO Year Graduated: _____

Emergency Contact Information:

Name: _____ Phone #: (____) _____ Relationship: _____

Full Address: _____

I wish to be considered for acceptance to the following program:

Dental Assisting I - Full Course Radiology Only Course Dental Front Office Admin. Course

Term: Spring Summer Fall Location: Raleigh Greensboro Fayetteville

By signing below I attest that all the information provided is true and accurate to my knowledge. I understand there is a \$30.00 Non-refundable Application Fee to be included with my application. Additionally, I understand that in order to reserve a seat there is a \$100.00 Non-refundable Deposit required prior to my official acceptance into the program.

Signature: _____ Date: _____

CAREER ASSESSMENT QUESTIONNAIRE

[To Be Included With Application]

First Name: _____ MI: _____ Last Name: _____

Social Security #: _____ - _____ - _____ DOB: ____/____/____

Complete Address: _____

Phone: [Day]: _____ [Evening]: _____

Marital Status: Single _____ Married _____ Divorced _____ Maiden Name: _____

Have you ever worked in health care? _____ Have you ever been convicted of a felony? _____

1. What were you doing when you decided to enroll in the Sunrise School of Dental Assisting?

- Employed: (Where/What field) _____
- Unemployed
- Attending school for: _____
- Unable to attend school during the day due to: _____
- Other: _____

2. How did you hear about Sunrise School of Dental Assisting?

- Online Google Yahoo! YellowPages.com Facebook TV
- Billboard Newspaper Radio JobFinder Movie Theater Friend/ Family
- Former Student: _____
- Other _____

3. What were some of the reasons you chose to attend Dental Assisting School?

- _____
- _____
- _____

4. Did you consider other schools or programs? YES / NO

If so, which one(s)? _____

5. What caused you to choose Sunrise School of Dental Assisting?

- _____
- _____
- _____

Important Notice to Student Applicants:

Although we do not obtain a criminal background check in order to admit students into the program, students must be aware that certain employment opportunities in the health care industry may not be open to individuals with certain types of convictions. A criminal background check may be performed by prospective employers before being hired.

Applicants Signature: _____

Date: _____