

GREATER ORLANDO DENTAL ASSISTING SCHOOL, LLC

Orlando • Fruitland Park • Florida
(407) 478-0206

ENROLLMENT REQUEST FORM

A \$150.00 non-refundable registration fee is required prior to the start of next session to reserve your place in class. The total tuition cost including the non-refundable registration fee is \$2,500.

Remember, we fill up quickly and we take students on a first come first serve basis so if you want to guarantee your place in class we recommend you send the registration fee as soon as possible.

Please complete the following to reserve a place in our next class:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Amount of Payment: \$ _____

Check/Money Order Enclosed Visa[®] Master Card[®] Discover[®] American Express[®]

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Credit Card Security Code: _____ Billing Zip Code: _____

BY SIGNING BELOW CARDMEMBER ACKNOWLEDGES AND AGREES TO THE PAYMENT AMOUNT SHOWN HEREON. CARDMEMBER AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER.

SIGNATURE: X _____ DATE: _____

How did you find out about our dental assisting course?

Newspaper, Name? _____

Phone Book

Dentist's Office

Former Student

Other: _____

PAYMENT PLANS AVAILABLE UPON REGISTRATION

Down payment of \$1,000.00 before classes start with payments of \$155.00 due on or before the beginning of each of the ten classes (10 payments). The total cost of using this option is \$2,550.00. This Option reflects an extra cost of \$50.00.

Down payment of \$800.00 before classes start with payments of \$180.00 due on or before the beginning of each of the ten classes (10 payments). The total cost of using this option is \$2,600.00. This Option reflects an extra cost of \$100.00.



Mail completed Enrollment Request to:

4409 HOFFNER AVE STE 185, ORLANDO, FL 32812-2331

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APPLICANT QUESTIONNAIRE

Name of Applicant: _____

Date: _____

We need a little more information about you to help us decide which applicant would make good dental assistants. Please answer these questions and return with your Saturday Dental Assistant School Application.

Check the appropriate answer: Yes or No.

1. Can you read English and follow simple written and verbal instructions? Yes ___ No ___
2. Have you graduated from high school or have a GED? Yes ___ No ___
3. Are you good with people and interested in helping adults and children improve their health? Yes ___ No ___
4. Entry-level dental assistants in our area have a beginning salary of about \$10 - \$12 an hour. Would that be an acceptable starting salary for you? Yes ___ No ___
5. Dentists are often expanding their working hours to accommodate their patients' schedules. Would you be willing to work an evening or two and/or a Saturday or two? Yes ___ No ___
6. On occasion, dental offices get very busy. Are you a team player who can recognize this and pitch in with the other staff when necessary? Yes ___ No ___
7. Dental assistants take X-rays of patient's teeth. Is your vision good so that you are you able to line up X-ray films and teeth in a straight line? Yes ___ No ___
8. Do you really want a good, enjoyable, rewarding job in a dental office? Yes ___ No ___

If you answered mostly "No" then maybe dental assisting isn't right for you. Good luck with your career search elsewhere.

But if you answered "Yes" to at least 6 out of 8 then you would be a Perfect Fit as a dental assistant and you should finish filling out the rest of the Application and send it in fast. Your paper will be placed on the top of the pile for applicant into the upcoming class. Act quickly!