

**Lakeview Dental Assisting
APPLICATION**
PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.

Personal	
Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First M.I. Maiden </div>	
Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> # Street City State Zip </div>	
Home Phone(____)____ Other(____)____	
Email address _____	
Date of Birth ____ / ____ / ____ Social Sec. # ____ - ____ - ____	
Education	
I have graduated from High School Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Month and Year ____/____	
I have a GED Certificate Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Month and Year ____/____	
Name of Institution _____ City _____ State _____	
Name as it appears on High School records: _____	
Have you included a copy of your High School or GED Certificate ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you attended a post secondary school ? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Where? _____	
Have you applied to Lakeview Dental Assisting before ? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Year: _____	
HOW DID YOU FIND OUT ABOUT US?	
Friend <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Which paper? _____ Other <input type="checkbox"/> Please specify _____	
METHOD OF PAYMENT	
I have selected the following payment plan (See note below on deposit to assure a place in the class):	
<input type="checkbox"/> \$2995 on or before the first day of class	
<input type="checkbox"/> \$800 deposit, \$250 at the beginning of the classes (9 payments),	
<input type="checkbox"/> \$600 deposit, \$275 at the beginning of the classes (9 payments),	
<input type="checkbox"/> Extended CareCredit Payment (subject to credit approval)	
My check or money order is enclosed. <input type="checkbox"/>	
Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Account Number: _____ Expiration Date ____/____	
Signature _____ Date: _____	

MAIL APPLICATIONS WITH CHECKS OR MONEY ORDERS TO:

Lakeview Dental Assisting
P.O. Box 80
Livonia, N.Y. 14487

FAX APPLICATIONS WITH CREDIT CARD INFO TO: (585) 346-5024

Note: A \$295 minimum deposit is required no later than one week prior to the start of the session with any of the above plans, to guarantee your place in class. Remember we do fill up quickly, and take students on a first come first serve basis. An applicant who is not accepted by the school will receive a complete refund of the deposit or payment.