

PERSONAL

Name _____
Last First Middle Maiden

Address _____
Number Street Apt #

City State Zip

Home (____) _____ Other Telephone (____) _____

Email Address _____

Date of Birth ____/____/____ Social Security No. ____-____-____

EDUCATION:

Graduated from High School or GED Certificate: Yes No

If Yes, Month and Year: ____/____

Name of School _____

City: _____ State: _____

Name as it appears on High School Records: _____

Do you have a copy of your High School diploma or GED certificate? Yes No

Have you pursued education after high school? Yes No

If Yes, Where _____

HOW DID YOU HEAR ABOUT US?

Friend Internet Newspaper Other

Please Specify: _____

METHOD OF PAYMENT

I have selected the following payment plan (see note below about deposit to assure place in next class)

- Option 1: **\$2500** on or before the first day of class (**\$500** deposit to reserve class)
- Option 2: **\$1000** deposit, **\$200** before each class (8 payments), total tuition **\$2600**
- Option 3: **\$675** deposit, **\$250** before each class (8 payments), total tuition **\$2675**

All information stated above is true and correct:

Name: _____ Date: _____

Signature: _____ Date: _____

Note: A minimum deposit of \$500 is required to guarantee your place in the next class. Class space is limited to the first twenty students accepted. Any applicant who is not accepted by Austin Dental Careers will receive a complete refund of any deposit or payments.