



ORTHODONTIC ASSISTANT SCHOOL of ATLANTA

COURSE APPLICATION

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Alternate Phone _____

E-mail Address _____

Please Circle the Course Date You Are Applying For:

Winter: January 7 – March 3 Spring: March 31 – June 2 Summer: July 7 – September 8 Fall: September 22 – November 10

Education

High School _____

College _____

Other _____

Are you currently in school? YES NO If so, where? _____

Job History

Company	Dates	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Dental Experience

Describe: _____

Personal References (no relatives, please)

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about the OASA? _____

Please mail your completed application, handwritten statement, letter of recommendation and current high school or college transcript to the below address. As class size is limited, students will be selected based on application materials received and personal interviews.