

APPLICATION  
Wisconsin Dental Assistant School  
819 Summit Ave.  
Oconomowoc, WI 53066  
(262) 567-7224  
Fax: (262) 567-2373  
WWW.WDAS.Info

Student Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address (if different from above): \_\_\_\_\_

How did you hear about WDAS?

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Telephone

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

(Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PROGRAM INFORMATION:

Program:

Dental Assisting

Start Date: \_\_\_\_\_

Program Length:

10 weeks

Completion Date: \_\_\_\_\_

Specified in clock hours:

85 hours