

**THE CANADIAN ACADEMY OF DENTAL HEALTH & COMMUNITY SCIENCES**

A division of The Canadian Academy of Dental Hygiene Inc., Est 2001

**APPLICATION FOR ADMISSION**

**Date:** \_\_\_\_\_

**Applicant Information (Please print or type):**

**Current Address:** \_\_\_\_\_  
Last Name First Name Middle Name  
*Number Street Apt. City Province Postal Code*

**Mailing Address:** \_\_\_\_\_  
(if different from above) \_\_\_\_\_  
*Number Street Apt. City Province Postal Code*

**Home Phone:**(\_\_\_\_) \_\_\_\_\_ **Work Phone:**(\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of birth:** \_\_\_\_\_  
*DD MM YY*

**Status in Canada:** Canadian Citizen Landed Immigrant Protected Person

**Are you a resident of Ontario?** Yes If yes, how long? \_\_\_\_\_

**Are you employed?** Yes No **Do you have finances available for your education?** Yes No

**Do you plan to work while attending school?** Yes No

**Will you be applying for student assistance?** Yes No

**Do you own a vehicle?** Yes No **If yes, how many vehicles do you own?** \_\_\_\_\_

**Marital Status:** Single Married Common-Law Separated Divorced

**Do you have any children?** Yes No If yes, how many? \_\_\_\_\_

**Will you be applying with an Ontario Grade 12 Diploma (or equivalent), or as a Mature Student (Entry Assessment required)?** Yes No

**High School Attended (If Applicable):** \_\_\_\_\_

**References:** Please provide the name of one individual we may contact in case of an emergency:

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

Address: \_\_\_\_\_  
*Number Street Apt. City Province Postal Code*

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

**Please read carefully:**

I certify that the nformation on this application is accurate and complete, and I understand that all required credentials must be submitted before an admissions decision will be made. I understand that it is my responsibility to ensure all supporting documentation has been submitted to the school. I hereby authorize CADH to maintain all my records and understand that these records that have been received by CADH in support of my application will become the property of CADH and may not be reproduced or returned.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Applicant's Signature**