



## APPLICATION FOR ADMISSION

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

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

Social Insurance Number (optional) \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

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

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

Status in Canada:  Canadian Citizen  Landed Immigrant

Are you a resident of Ontario?  Yes  No 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

Present housing information:  Rent  Own home  Board  Live with parents

*The following information is requested for statistical purposes and is not used in the admissions process (optional):*

Gender:  Male  Female Marital Status:  Single  Married  Common-Law  Separated  Divorced

Do you have children?  Yes  No How many? \_\_\_\_\_

### Enrollment and Educational Information:

Have you previously applied to CADH?  Yes  No If yes, when? \_\_\_\_\_

Have you previously enrolled at CADH?  Yes  No If yes, when? \_\_\_\_\_

**High School Attended:**

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

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

Have you taken:

Grade 12 University Preparation/Advanced **OR** College Preparation/General English\*\*

Yes\*

No



Grade 11 University Preparation/Advanced **OR** College Preparation/General Biology\*\*



Grade 11/12 Chemistry



\*Official documentation must be provided

\*\*Minimum mark of 60% required for University Preparation and/or Advanced level courses, and 70% for College Preparation and/or General level courses

Date of graduation or anticipated graduation: \_\_\_\_\_

**Post Secondary Education:**

Please provide the name and location of **all colleges and universities** attended prior to application at CADH, including dates of attendance and degrees expected or earned (attach separate sheet if necessary).

<i>Name of School</i>	<i>Location</i>	<i>Dates attended</i>	<i>Degree earned/anticipated</i>

**References:**

Please provide two individuals we may contact as references:

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

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

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

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

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

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

Dental Hygienists are highly skilled professionals. As a result, they are required to be **physically fit, have the ability to perform fine motor skills, and have a high level of mental acuity**. Please keep this in mind as you apply to the program. If you have any concerns about your ability to meet the program expectations, bring them to the attention of the Admissions Director during your interview.

**Please read carefully:**

I certify that the information 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 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