

Institute of Painless Dent Repair.

(913) 780-4040

www.flexadent.net

**FUTURE PDR TECHNICIAN PRE-ENROLLMENT APPLICATION FOR
ADMISSION:**

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Social Security #: _____ US Citizen: Yes _____ No _____

Drivers License#: _____

Birth date: _____ Age: _____ T-Shirt Size: _____

Marital Status: _____ # of Dependents: _____ Ages: _____

High School Attended: _____ Grad. Date: _____

GED Date: _____

Other Previously Attended College Classes

How did you hear about The Flex-A-Dent School of PDR?

Have you considered any other PDR Schools? Yes _____ No _____

If yes, please list:

How did you become interested in Paintless Dent Repair?

How soon do you want to begin? _____

Will you be applying for financial assistance? Yes _____ No _____

Do you have any allergies or medical conditions that we should be aware of?

Yes _____ No _____

If yes, please list:

Do you have any pre-existing physical limitations that would prohibit you from performing PDR skills, such as vision correction, back problems, knee problems, shoulder problems, etc.

Yes _____ No _____

If yes, please list:

Emergency Contact Name: _____ Phone #: _____

TO FINALIZE YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING TO FLEX-A-DENT:

1. Completed Application Form
2. \$75.00 Enrollment Fee
3. A copy of your High School Diploma or GED Certificate
4. A copy of your Driver's License or Birth Certificate

INTERNAL USE ONLY

Initial Interview: _____ Has applied for Financial Assistance: _____
Comments: _____
