



ENROLLMENT AGREEMENT

**Fullerton Dental Assistant School
2720 N. Harbor Blvd #110
Fullerton CA 92835
(714)882-5518
Cell (714)290-1135
Fax (714)637-1163
www.dentalassistantfullerton.com**

Student Name: _____

Present Address:

Permanent Address:

Telephone (home): _____

(work) _____

(Cell) _____

Date of Birth: _____

Social Security No.: _____

E-mail: _____

PROGRAM INFORMATION:

Program: Dental Assisting
Program Length: 128 hours

Start Date: _____
Completion Date: _____

(Specified in clock hours) – 13 weeks

TUITION:

The total cost for the **Dental Assisting** program including
CPR (approved by the American Heart Ass. & the Red Cross)
Infection Control (approved by the CA Dental Board)
CA Dental Practice Act (approved by the CA Dental Board)
Radiation Safety Course (approved by the CA Dental Board)
Coronal polish Course (approved by the CA Dental Board)

Tuition:	\$ _____
Administration/Registration Fee	\$ _____
Books/Supplies	\$ _____
Total Program Costs	\$ _____

The registration fee must accompany the enrollment agreement to secure a space in the program. Administrative fee of \$100.00 will be waived for payment made by check or cash only upon signing enrollment agreement with full payment of tuition. Other payment methods do not qualify. The administrative/registration fee of \$856.25 is non-refundable. The total amount of \$_____ must be paid prior to issuance of certificate upon completion of the course. Cancellation and refund policy will follow the same format as discussed in the Catalog and Enrollment Agreement.

TUITION PAYMENTS:

To assist students who are financially not capable of paying the full tuition up front, the school will offer an easy interest free installment payment plan. These terms are available to all students who need assistance. The plan will consist of four (4) installments:

1 st installment upon enrollment	-	\$ _____
2 nd installment on the 1 th week of class	-	\$ _____
3 rd installment on the 4 th week of class	-	\$ _____
4 th installment on the 8 th week of class	-	\$ _____
Total Payment		\$ _____

LATE PAYMENTS:

Installment payments not received 10 days after the due date shall incur a ten percent (10 %) penalty of the amount due.

CANCELLATION AND REFUND POLICY:

(To comply with R4-39-308 and R4-39-404)

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid excluding administration /registration fee of \$856.25

Three-Day Cancellation: An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal or state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund.

Other Cancellations: (Required by R4-39-404A) An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid **less the \$856.25 registration/administration fee and \$295.00 if books are not returned.**

Refund after the commencement of classes:

1. Procedure for withdrawal/withdrawal date:

- A. A student choosing to withdraw from the school after the commencement of classes is to provide **written notice** to the Director of the school. The notice is to indicate the expected last date of attendance and be **signed and dated by the student.**
- B. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave and failed to do so.
- C. Any student that misses more than 2 consecutive classes will be considered withdrawn.
- D. All refunds will be issued within 30 days of the determination of the withdrawal date (**less the \$856.25 registration/administration fee and \$295 books nor returned.**)

2. Tuition charges/refunds:

- A. Before the beginning of classes, the student is entitled to a refund of \$100% of the tuition **less \$856.25 registration/administration fee.**
- B. After the commencement of classes, the tuition refund amount **less \$856.25 registration/administration fee and \$295 books not returned** shall be determined as follows:

% of the clock hours attempted:	Tuition Refund amount:
10% or less	90%
More than 10% and less than or equal to 20%	80%
More than 20% and less than or equal to 30%	70%
More than 30% and less than or equal to 40%	60%
More than 40% and less than or equal to 50%	50%
More than 50%	No Refund is required

The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student's start date to the student's last day of attendance, by the total number of clock hours in the program (**\$856.25 registration/administration fee**).

Books and Supplies: There is no refund for any equipment, books and supplies received by the student.

Special Cases: In case of prolonged illness or accident, death in the family, or other circumstances that make it impractical for the student to complete the program, the school may make a settlement which is reasonable and fair (this language optional).

Holder in Due Course Statement:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

THE STUDENT UNDERSTANDS:

1. The School does not accept credit for previous education, training, work experience (experiential learning), or CLEP (if applicable).
2. The School does not guarantee job placement to graduates upon program/course completion or upon graduation.
3. The School reserves the right to reschedule the program start date when the number of students scheduled is too small.
4. The School will not be responsible for any statement of policy or procedure that does not appear in the School catalog.
5. The School reserves the right to discontinue any students' training for unsatisfactory progress, nonpayment of tuition or failure to abide by School rules.
6. Information concerning other Schools that may accept the School's credits toward their programs can be obtained by contacting the office of the President. It should not be assumed that any programs described in the School catalog could be transferred to another institution. The School does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credits and whether they should be accepted is the decision of the receiving institution.

7. This document does not constitute a binding agreement until accepted in writing by all parties.

STUDENT ACKNOWLEDGEMENTS:

1. I hereby acknowledge receipt of the **FDAS**'s school catalog, which contains information describing programs offered, and equipment/supplies provided. The school 's catalog is included as a part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog. _____ **Student's initial**
2. Also, I have carefully read and received an exact copy of this enrollment agreement. _____ **Student's initial**
- 3, I understand that the School may terminate my enrollment if I fail to comply with attendance, academic and financial requirement or if I disrupt the normal activities of the School. While enrolled in the School, I understand that I must maintain Satisfactory Academic Progress as described in the School catalog and that my financial obligation to the School must be paid in full before a certificate may be awarded. _____ **Student's initial**
4. I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation. _____ **Student's initial**
5. The students cannot advertise our school on craigslist or any other website to get patients to practice on or to take their final exam. _____ **Student's initial**

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Fullerton Dental Assistant School.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regards to this contract.

Signed this _____ day of _____ 20_____

Signature of Student

Date

Fullerton Dental Assistant School
Signature of School Official

Date

School Representative's certification: I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: _____ Date: _____

Fullerton Dental Assistant School
2720 N. Harbor Blvd, Suite 110
Fullerton, CA 92835
(714) 882-5518
info@dentalassistantfullerton.com

Student Agreement

PLEASE READ PREREQUISITS FOR ALL CLASSES

Student

Date

It is the responsibility of the student to provide a copy of their immunization records and tuberculosis test. The tuberculosis test result must be negative (**TEST CANNOT BE OLDER THAT 6 MONTHS**). If you've had a positive reading previously, you are required to provide a radiologist report of your chest x-ray reading. It cannot be older than 5 years.

These test results/records and certifications, must be provided prior to all classes; Dental Assistant Class, Infection Control/ Dental Practice Act, Coronal Polish, Pit and Fissure Sealant

RADIATION SAFETY: Students must provide the following certification/immunization record: (PRIOR TO CLASS): CPR, Infection Control, DPA, Tuberculosis and Hepatitis B.

The radiation safety course requires 4 patients to be seen for the clinical portion of the class. All clinical requirements with all (4) patients must be completed within (2) weeks of lecture class. If you do not complete the requirements as indicated, you will fail the class. There will be **NO REFUND** and you will need to pay the fees again if you wish to retake the class.

INFECTION CONTROL/DPA: Students must provide a copy of their CPR Card, TB Test results (no older than 6 months old) and Proof of Hepatitis B Immunizations. This needs to be provided prior to class.

CORONAL POLISHING: Students must provide CPR certification, Infection control /Dental Practice Act certifications and proof of Hepatitis B Immunization. This needs to be provided prior to the class.

This class requires (3) patients for the clinical portion. Your patients must be over the age of 18 and must have 18 virgin teeth, molar and premolar to work with.

PIT & FISSURE SEALANT CLASS: Students must provide CPR certification, Infection control/DPA certifications and proof of Hepatitis B Immunization. This needs to be provided prior to the class.

This class requires (4) patients for the clinical portion. Your patients must be over the age of 18 and must have 18 virgin teeth, molar and premolar to work with.

Students are required to provide all necessary documents and complete all homework, tests and quizzes on time and must have a passing score of 75% to receive their certificates.

Any dishonesty or falsification of records will result in dismissal and possible reporting to the Dental Board of California.

If you do not complete all the requirements as indicated, you will not be allowed to attend the class and your fees will be forfeited.

There will be NO REFUND and you will need to pay the full fees again if you wish to retake the class.

Students cannot use other instructors, employees or other students as a patient. NO EXCEPTIONS

Your signature below indicates you have read and understand the above requirements for the classes taken with Fullerton Dental Assistant School.

Student Signature

Date

Noha Meyer (Administrator)

Date