



ENROLLMENT AGREEMENT

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

Student Name: _____

Present Address:

Telephone (home): _____

(Cell) _____

Social Security No.: _____

Permanent Address:

(work) _____

Date of Birth: _____

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)

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 ____ 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 ____ 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 five percent (5%) 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.

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 registration/administration fee and book fee if 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 registration/administration fee and books not returned fee.**)

2. Tuition charges/refunds:

- A. Before the beginning of classes, the student is entitled to a refund of \$100% of the tuition **less \$_____ registration/administration fee.**
- B. After the commencement of classes, the tuition refund amount **less registration/administration fee and 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 \$_____ **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**

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: _____