

Scrub Size: _____

Expanded Function Dental Assistant

AAA School of Dental Assisting
2415 South French Ave
Sanford, FL 32771
(407) 324-0960

Enrollment Agreement

AAA School of Dental Assisting

Phone: 407-324-0960
Fax: 407-324-9332

STEP 1: Fill in Enrollment Information

I hereby apply for enrollment in AAA School of Dental Assisting., hereinafter referred to as "School." A representative has provided me with a catalog, explained the programs, terms of the Enrollment Agreement, and awarding of a Diploma on completion. I am 18 years or older or have permission from my parent or guardian. Please check campus:

Sanford

Name _____ Date _____

Address _____

City _____ State/Country _____ Zip _____

Home phone [] _____ Work phone [] _____

Date of birth __ / __ / __ / Social Security # _ _ _ / _ _ / _ _ _ _

Past or present occupation _____

Current employer (if any) _____

City _____ State _____ Zip _____

Name and relationship of closest relative _____

City _____ State _____ Zip _____

Home Phone [] _____ Work Phone [] _____

Highest level of education? High school GED Other _____

Name of School _____ City and State _____

How did you learn about AAA School of Dental Assisting.?

p Newspaper p Catalog p Flyer p Employer/Friend p Internet

STEP 2: Check Start Date, Tuition and Payment Options

Program	Clock Hours	Weeks	Start Date	Anticipated Completion date	Total Tuition Cost
Dental Assisting	109	12	_____	_____	\$3,000.00

PAYMENT OPTIONS

OPTION # 1 (Guarantees Enrollment)

_____ Payment in Full (Tuition of \$3,000.00)

Form of Payment

_____ Credit Card
_____ Check _____
_____ Other _____

OPTION # 2 (Guarantees Enrollment)

_____ I choose to pay the tuition in the following manner: \$178.50 weekly or \$357.00 bi-weekly
(Tuition of 3,000.00)

_____ Deposit of \$500.00

Form of Payment

_____ Credit Card
_____ Check _____
_____ Other _____

_____ I agree to pay balance of \$2,500.00 two (2) week prior to the end of class.

OPTION # 3

_____ I agree to pay my tuition by means of payments. (See attached promissory) I will pay the deposit of \$500.00 now.

_____ Deposit of \$500.00

Form of Payment

_____ Credit Card
_____ Check _____
_____ Other _____

Refund and Cancellation Policy

Should an applicant/student cancel or is terminated for any reason, all refunds will be made according to the following policy and schedule: 1. All moneys will be refunded if the applicant is not accepted by the School or if the student cancels within three (3) business days after signing the Enrollment Agreement and making initial payment. An applicant not requesting cancellation by his/her specified starting date will be considered a student. 2. Cancellation must be made in person or by certified mail. 3. Termination date for refund computation purposes, is the last date of actual attendance by the student, unless earlier written notice is received. 4. Refunds will be made within 30 days of termination or receipt of Cancellation Notice. 5. Should a student be terminated or request cancellation of this Enrollment Agreement after: a] The third (3rd) business day, but before the first class, will result in a refund of all moneys paid, with the exception of the Registration Fee in the amount of \$50.00, b] entering the program of training but prior to 50% completion of the Program, the tuition charges made by the School to the student shall not exceed 50% of the Tuition Cost plus

the Registration Fee. The refund will be computed on a pro rata basis on the number of hours scheduled to the total Program hours, c] completing 50% of the Program, student is not entitled to any refund as a matter of right and is obligated for the Total Program Cost. If the school cancels a program then the student will receive a full refund of monies paid.

Other Terms and Conditions

A student may be terminated for creating a safety hazard to other students, disobedient or disrespectful behavior to faculty or other students, unsatisfactory academic progress, poor attendance, unprofessional conduct, excessive absence or lateness, failure to pay fees when due, cheating, falsifying records, breach of enrollment agreement, entering school site while under the influence or effects of alcohol, drugs, or narcotics, of any kind, carrying a concealed or potentially dangerous weapon, or sexual harassment of harassment of any kind. Terms of the refund policy will apply.

The School will provide its graduates with assistance and job leads upon graduation, but cannot guarantee job placement or employment.

STEP 3: Read, Sign Your Name, Add Today's Date

Notice to Buyer: Do not sign this Enrollment Agreement before you read it or if it contains any blank spaces. You are entitled to an exact copy of this signed Enrollment Agreement. Keep it to protect your legal rights.

I have read the terms and conditions contained in this Enrollment Agreement and the catalog, which I have received and read, and understand that this agreement constitutes a binding contract upon written acceptance by the School.

Student signature _____ Today's Date _____

Parent or guardian if student is less than 18 _____

_____ For School Use Only _____

Payment Schedule is as follows:

- Option # 1
- Option # 2
- Option # 3
- Money order Check _MasterCard/Visa.

Accepted by _____ Date _____
School official name

Signature of school official _____

Signature of Student _____