



SCHOOL OF DENTAL ASSISTING
 2415 South French Ave
 Sanford, Fl 32771
 Phone: (407) 324-0960
 Fax: (407)324-9332
Info@aaasoda.com

Enrollment Agreement for EFDA and Radiology

STEP 1: Fill in Enrollment Information

I hereby apply for enrollment in AAA School of Dental Assisting., A representative has provided me with a course description, and explained the programs; all tuition for programs must be paid in full at time of enrollment.

Please check the appropriate classes: EFDA _____ Radiology _____

How did you learn about AAA School of Dental Assisting? (Please Circle)

Newspaper Catalog Flyer Employer Friend Internet

Name _____ Date _____
 Address _____
 City _____ State/Country _____ Zip _____
 Home phone [] _____ Work phone [] _____
 Date of birth __/__/__/ Social Security # ___/___/_____

Verification of Employment

Present position _____

Current employer and past if less than three months:

 City _____ State _____ Zip _____
 Phone Numbers _____ Email _____
 Fax _____

 City _____ State _____ Zip _____
 Phone _____ Email _____
 Fax _____

STEP 2: Check Start Date, Tuition

Expanded Functions	Start Date _____	Completion date _____	Total Tuition Cost \$500.00
Radiology	Start Date _____	Completion date _____	Total Tuition Cost \$300.00

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.

AAA SODA EFDA course is approved by the Florida Board of Dentistry
(Pursuant to rule 64B5 (1) (b), FAC

**And is Administrated in accordance with the guide lines of the board of Dentistry and the
Board of Health in the State of Florida**

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.*

Doctors Name: _____

Doctors Signature: _____

Student signature _____ today's Date _____

Parent or guardian if student is less than 18 _____

_____ **For School Use Only** _____

Payment Schedule is as follows:

EFDA \$500.00

Radiology \$300.00

Money order Check _MasterCard/Visa.

Accepted by _____ Date _____

School official name

Signature of school official _____

Signature of Student _____