

# **Dental Careers School of Tampa Bay**

4206 Bay to Bay Blvd. Tampa, Fl 33629

Ph: 813-377-6355 Dentalassistingtampa.com

## **Student Enrollment Agreement**

This Agreement, together with the school catalog, constitutes a binding contract between the student and the school upon acceptance by the school.

### **Student information**

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name & ph no: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female: \_\_\_\_\_ Race \_\_\_\_\_

### **If student is under 18**

Name of parent/guardian: \_\_\_\_\_ ph no: \_\_\_\_\_

## **Payment Information**

Tuition: \$2495

\_\_\_\_\_ Pay in full at time of signing enrollment agreement

\_\_\_\_\_ Deposit of \$1,000 at time of enrollment then \$149.50 due each class (10 classes)

\_\_\_\_\_ Deposit of \$500 at time of enrollment then \$ 199.50 due each class (10 classes)

### **Program Information (School Only)**

Program Title: \_\_\_\_\_ Clock Hrs: \_\_\_\_\_

Total Hrs: \_\_\_\_\_ Hrs P/Wk: \_\_\_\_\_ Hrs P/Day: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Program Length: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: For schools offering a payment plan with four or more payments the federal boxes or vertical listing must be included on the contract. (Enter N/A or Line through if not applicable)**

<b>ANNUAL PERCENTAGE RATE</b>	<b>FINANCE CHARGE</b>	<b>Amount Financed</b> The dollar amount the credit provided to you or on you behalf	<b>Total of Payment</b> The amount you have made all payments as scheduled.	<b>Total Sales Price</b> The total cost of your purchase on credit including your down payment of
%	\$	\$	\$	\$
<b>YOUR PAYMENT SCHEDULE WILL BE:</b>				
<b>NUMBER OF PAYMENTS</b>	<b>Amount of each payment</b>		<b>When payments are due</b>	
	\$		Beginning on __/__/__ and on the same day each (check one) __ weekly or __ bi-weekly thereafter	

**All prices for program are printed herein. Contracts are not sold to a third party at any time. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs unless stated.**

### Cancellation and Refund Policy

Should a student’s enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellations must be made in person, by E-Mail, by certified mail or by termination.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within (3) three business days after signing the Enrollment Agreement and making initial payment.
3. Cancellation after the third (3<sup>rd</sup>) business day, but before the first class, results in a refund of all monies paid, with the exception of the registration fee. (Not to exceed \$150.00)
4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a pro rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing 40% of the program will result in no refund.
6. Termination Date: In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice is received.
7. Refunds will be made within 30 days of termination of students’ enrollment or receipt of Cancellation Notice from student.
8. If a class should be cancelled by the school for any reason, all monies will be refunded to the student within 5 business days.

Grounds for Termination

A student's enrollment can be terminated at the discretion of the institution for insufficient academic progress, non-payment of academic costs, or failure to comply with rules and policies established by the institution as outlined in the catalog and this agreement.

Employment Assistance

Although placement assistance may be offered, the institution does not guarantee employment.

Acknowledgement

This document and the catalog constitute a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized.

Credential Awarded

Upon satisfactory completion of the program the student will be awarded a diploma for dental assisting. (Enter Diploma, Certificate, degree level- Associate, Bachelor, Masters, etc.)

DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature  
(if under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date