

Dental Careers School of Tampa Bay

4206 W 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: _____ City, St, Zip _____

Email: _____

Date of Birth: _____ Male _____ Female: _____ Race _____

Emergency contact name & ph no: _____

If student is under 18

Name of parent/guardian: _____ ph no: _____

Payment Information

Tuition: \$3,000

_____ Pay in full at time of signing enrollment agreement

_____ Deposit of \$1200 at time of enrollment then \$200.00 due each class (9 classes)

_____ Deposit of \$750 at time of enrollment then \$250.00 due each class (9 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)

ANNUAL PERCENTAGE RATE N/A %	FINANCE CHARGE N/A \$	Amount Financed The dollar amount the credit provided to you or on your behalf \$	Total of Payment The amount you have made all payments as scheduled. \$	Total Sales Price The total cost of your purchase on credit including your down payment of \$
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS	Amount of each payment		When payments are due	
N/A	N/A \$		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 (3rd) 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, through 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 more than 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.

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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

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