

Enrollment Agreement
Dental Assistant Pro
767 Columbus Avenue
Lebanon, Ohio 45036
Reg. #04-11-1742T

Program Start Date: Saturday, January 15th, 2011 to Saturday, March 19th, 2011

Student Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell Phone # _____ S.S. _____

Email Address _____ Referred By: _____

I am hereby enrolling in the **Dental Assisting Program** for the term listed above and my enrollment is subject to the terms and conditions in this enrollment agreement.

Expected Program Length: 10 weeks
Program Schedule: 10 Saturday 8 hour sessions 8:00 a.m. to 5:00 p.m. (80 contact hours)

Tuition and Fees:	Payment:
Registration Fee	Payable in full or by payment plan listed on page 3.
Book Fee	
Tuition.....	
Total Cost.....	

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the school term following student notification of the increase.

Cancellation and Settlement Policy

An enrollment agreement may be cancelled within five calendar days after the date of signing provided the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and refundable fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply where a student has already started classes.

Refund Policy

If the student is not accepted into the program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) term for this program that is 10 weeks in length. Refunds for tuition and refundable fees shall be made in accordance with the following provisions as established by Ohio Administrative Code section 3332-1-10:

1. A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
2. A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and the refundable fees plus the registration fee.
3. A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
4. A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
5. A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from the program. Refunds shall be based upon the last date of a student's attendance.

Disclosure Agreement
Dental Assistant Pro
767 Columbus Avenue
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Complaint or Grievance Procedure

All student complaints should first be directed to school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges & Schools, 35 East Gay Street, Suite 403, Columbus, Ohio, 43215, Phone (614) 466-2752; toll free (877) 275-4219.

I acknowledge that I have read this enrollment agreement.

Applicant signature: _____ Date: _____

Parent or Guardian (if applicable): _____ Date: _____

School representative: _____ Date: _____

Revised October 26, 2010

After this form has been submitted and signed you can make a payment at:
<http://www.dentalassistantpro.com/online-enrollment/payment>

You can also view our payment options below.

Payment Options
Dental Assistant Pro
767 Columbus Avenue
Lebanon, OH 45036
Reg. # 04-11-1742T

OPTION #1 - \$ 100 Registration Fee	- Due with Registration Form
\$2550	- <u>Due before the start of class on the first day</u>
TOTAL \$2650	- Registration Fee, Book Fee and Tuition
OPTION #2 - \$ 100 Registration Fee	- Due with Registration Form
\$ 685 Down Payment	- Due 1 week prior to class - Due 1 week prior to class
\$ 210 Weekly Payments	- <u>Due before the start of class for the 1st 9 weeks</u>
TOTAL \$2675	- Registration Fee, Book Fee and Tuition
	- This option costs \$25.00 extra.
OPTION #3 - \$ 100 Registration Fee	- Due with Registration Form
\$ 485 Down Payment	- Due 1 week prior to class
\$ 235 Weekly Payments	- <u>Due before the start of class for the 1st 9 weeks</u>
TOTAL \$2700	- Registration Fee, Book Fee and Tuition
	- This option costs \$50.00 extra.

We accept all major credit cards.

PLEASE NOTE PAYMENT IN FULL MUST BE RECEIVED BY THE 9TH WEEK OF CLASS TO RECEIVE CERTIFICATE OF COMPLETION.