

DENTAL ASSISTANT PRO
Enrollment Agreement
767 Columbus Avenue, Lebanon, OH 45036
513-515-6611
Reg. #04-11-1742T

Program Start Date: _____ to _____

Student Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell Phone# _____

Email Address _____

Referral Source _____

(If former student referral, please enter their phone number) Phone _____

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:

Registration Fee (non-refundable after 5 business days from signing).....	\$125.00
Book Fee	\$175.00
Tuition.....	<u>\$2,825.00</u>
Total Cost.....	\$3,125.00

Payment: Payable in full by first class date or by payment plan listed on page 3.
Tuition and fee charges are subject to change at the discretion of the school. Any tuition or fee increases will become effective for the school term following student notification of the increase.

Placement and Graduation Rates: Dental Assistant Pro at our Lebanon location has a Graduation rate and an Ohio State Licensure rate of 91% for 7/1/18-6/30/19, 100% for 7/1/17-6/30/18, and 97% for 7/1/16-6/30/17. The Placement rate is 95% for 7/1/18-6/30/19, 95% for 7/1/17-6/30/18, and 100% for 07/1/16-6/30/17.

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

Applicant Signature _____ Date _____

DENTAL ASSISTANT PRO
Refund Policy
767 Columbus Avenue, Lebanon, OH 45036
513-515-6611
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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. An enrollment agreement or school application may be cancelled within five calendar days after the date of signing provided the school is notified of the cancellation in writing. 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.

DENTAL ASSISTANT PRO
Enrollment Grievance Agreement
767 Columbus Avenue, Lebanon, OH 45036 Reg. #04-11-1742T

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 paid and refundable fees 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.

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 State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, OH; Phone (614)466-2752 or (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 August 21, 2019

DENTAL ASSISTANT PRO
Enrollment Financial Agreement
 767 Columbus Avenue, Lebanon, OH 45036
 513-515-6611
 Reg. #04-11-1742T

PAYMENT OPTIONS

- | | |
|--|--|
| <p>OPTION #1 - \$ 125
 \$3000
 TOTAL \$3125</p> | <ul style="list-style-type: none"> - Due with Registration Form - <u>Due before the start of class on the first day</u> - Registration Fee, Book Fee & Tuition |
| <p>OPTION #2 - \$ 125
 \$ 820 Down Payment
 \$ 245 Weekly Payments
 TOTAL \$ 3150</p> | <ul style="list-style-type: none"> - Due with Registration Form - Due 1 week prior to class - <u>Due before the start of class for the 1st 9 weeks</u> - Registration Fee, Book Fee & Tuition - This option costs \$25.00 extra. |
| <p>OPTION #3 - \$ 125
 \$ 620 Down Payment
 \$ 270 Weekly Payments
 TOTAL \$ 3175</p> | <ul style="list-style-type: none"> - Due with Registration Form - Due 1 week prior to class - <u>Due before the start of class for the 1st 9 weeks</u> - Registration Fee, Book Fee & Tuition - This option costs \$50.00 extra. |

We accept all major credit cards.

PLEASE NOTE TUITION IS DUE AND PAYABLE IN ADVANCE. A STUDENT WHO IS NOT CURRENT WITH HIS OR HER WEEKLY PAYMENTS CANNOT ATTEND CLASS UNTIL CURRENT. PAYMENT IN FULL MUST BE RECEIVED BY THE 9TH WEEK OF CLASS TO RECEIVE CERTIFICATE OF COMPLETION.

I, _____, have selected the following payment option:
 (Please Print)

Method of Payment Option 1 _____ Option 2 _____ Option 3 _____

_____ Check # _____ _____ Money Order# _____

(____) Visa (____) MasterCard (____) Discover (____) American Express

Credit card # _____ Expiration date: _____

SIGNATURE _____ **DATE** _____

Mail completed application along with check, money order, or credit card information to:
 Dental Assistant Pro
 767 Columbus Avenue Lebanon, OH 45036
 www.dentalassistantpro.com