

Enrollment Agreement
Chairside Dental Academy of AZ, LLC
3035 S Ellsworth Rd, Suite 138
Mesa, AZ 85212
(480) 830-3546
eMail: ChairsideSchool@gmail.com

Student Name: _____ Date of Birth: _____

Present Address: _____ Permanent Address: _____

eMail: _____ Social Security Number: _____

Telephone: Cell: _____ Work: _____

Home: _____

Scrub Size: _____

Program Information:

The above-named student is enrolling in the course in Dental Assisting.
The course will begin in _____ and will finish after ten class sessions
(70 total clock and credit hours).

Tuition:

Tuition for Dental Assisting is \$3,695.00, which includes all books, supplies and materials used during the course of instruction, plus registration in ONE of our X-ray Certification Review Courses. The course of instruction will last for ten weeks and include a total of 70 clock hours of instruction.
A \$50 application fee (applied towards the course fee, but non-refundable) is required to secure a place in the program.

Payment: Available to all students:

The student named above has chosen payment option (**circle one**):

1. Payment in full of \$3,695. by credit or debit card, cash in person, or check in person and first-class mail.
2. Down payment of at least \$500. with 10 payments without interest due at the beginning of each class session.
3. CareCredit: please ask for current information about this.

Cancellation and Refund Policy:

Rejection:

An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation:

An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and Federal of State holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund.

Other cancellations:

An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid minus a registration fee of \$50.

Refund after the commencement of classes:

1. Procedure for withdrawal.

- a. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Director of the school. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
- b. There is no Leave of Absence: see 4. **Special Cases** below.
- c. A student will be determined to be withdrawn from the institution if the student has not attended any class for 30 consecutive class days.
- d. All refunds will be issued within 30 days of the determination of the withdrawal date.

2. Tuition refunds are determined as follows:

- a. Before the beginning of classes, the student is entitled to a refund of \$100% of the tuition (less the \$50 registration fee, if applicable).
- b. After the commencement of classes, the tuition refund amount (less the \$50 registration fee, if applicable) shall be determined as follows:

% of the clock hours attempted:	Tuition Refund amount:
10% or less	At least a 90%
More than 10% and less than or equal to 20%	At least a 80%
More than 20% and less than or equal to 30%	At least a 70%
More than 30% and less than or equal to 40%	At least a 60%
More than 40% and less than or equal to 50%	At least a 50%
More than 50%	No Refund is required

3. Books and Supplies:

There is no refund for equipment, books and supplies received by the student.

4. Special Cases:

Those students wishing to cancel their enrollment for illness or personal reasons that make it impractical for them to complete the program may resume their course of study in the next class series with no financial penalty, or the school may choose to make a settlement which is reasonable and fair.

5. Refunds will be issued within 30 days of the date of student notification, or date of school determination (withdrawn due to absences or other criteria as specified in the school catalog).

Holder in due course statement:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

Student Grievance Procedure:

Should the student have a complaint, grievance, or dispute while enrolled at Chairside Dental Academy of AZ, LLC, they should follow this procedure: (1) Ask to discuss the matter in private with one or more of the instructors. (2) If the student feels that the matter remains unresolved, they should submit in writing a formal complaint to the On-site Director (Monica Kirchner). The director will respond in writing within 5 working days following receipt of the written complaint. (3) If the student does not hear back, they should contact the Director of Education (Dolores Finegold). (4) If the student complaint cannot be resolved after exhausting the institution's grievance procedure, the student may then file a complaint with the Arizona State Board for Private Postsecondary Education. The student must contact the State Board for further details. The State Board address is: 1740 W. Adams St., Suite 3008, Phoenix, AZ 85007; phone 602-542-5709; website: <http://www.azppse.gov>.

The Student Understands:

1. The School does not accept credit for previous education, training, work experience (experiential learning), or CLEP.
2. The School does not guarantee job placement to graduates upon program/course completion or upon graduation.
3. The School reserves the right to reschedule the program start date when the number of students scheduled is too small.
4. The School will not be responsible for any statement of policy or procedure that does not appear in the School catalog.
5. The School reserves the right to discontinue the student's training for unsatisfactory

progress, nonpayment of tuition or failure to abide by School's rules.

6. Information concerning other Schools that may accept the School's credits toward their programs can be obtained by contacting the office of the

President. It should not be assumed that any programs described in the School catalog could be transferred to another institution. The School does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credits and whether they should be accepted is the decision of the receiving institution.

7. This document does not constitute a binding agreement until accepted in writing by all parties.

Student Acknowledgements:

1. I hereby acknowledge receipt of the School's catalog dated _____, which contains information describing programs offered, and equipment/supplies provided. The School's Operations Catalog is included as a part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog.

Student initials

2. Also, I have carefully read and received an exact copy of this enrollment agreement.

Student Initials

3. I understand that the School may terminate my enrollment if I fail to comply with attendance, academic and financial requirement or if I disrupt the normal activities of the School. While enrolled in the School, I understand that I must maintain satisfactory academic progress as described in the School catalog and that my financial obligation to the School must be paid in full before a certificate may be awarded.

Student initials

4. I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation.

Student initials

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand all aspects of this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Chairside Dental Academy of AZ, LLC.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____ 20____.

Signature of Student Date

Representative’s certification: I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: _____

Signature of School Official Date