

KINGSBURG SCHOOL OF DENTAL ASSISTING

ENROLLMENT AGREEMENT

PLEASE PRINT OR TYPE

Applicant Legal Name _____
(First) (Middle) (Last)

Date of Birth ____ - ____ - ____ Driver's License / ID No. _____

Home Telephone: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Address _____ City _____ State _____ Zip _____

E-Mail _____

LOCATION:

1518 Draper Street, Kingsburg, CA 93631

Phone: (559) 897-4111

<https://www.kingsburgdentalassisting.com>

A. EDUCATIONAL PROGRAM

Program- Dental Assisting

Total Credit Hours 96

Approximate No. of Weeks 6

Enrollment Agreement Period - Start Date: _____ Completion Date: _____

Program - Start Date: _____ Program Scheduled Completion Date: _____

B. ITEMIZATION & TOTAL TUITION FEES

Registration Fee	\$ 200 - Non-Refundable
Books	\$ 0
Equipment	\$ 0
Student Tuition Recovery Fund Fee	\$0.00 per one thousand dollars (\$1000) of institutional charges, rounded to the nearest thousand dollars

Tuition \$ 5540 (Including the \$200 Non-refundable Deposit)

Refer to refund policy provision within this Agreement.

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE \$ 5540.00_

TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM \$ 5540.00_

TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT \$ 5540.00_

Signature of student: _____

***YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST, LESS THE AMOUNT OF ANY REFUND.**

C. REFUND POLICY

STUDENT'S RIGHT TO CANCEL

1. You have the right to cancel your agreement for a program of instruction, without any penalty or obligations, through attendance at the first class session or the seventh calendar day after enrollment, whichever is later.

Cancellation of this agreement can occur up to: _____

Date

2. Cancellation may occur when the student provides a written notice of cancellation at the following address: 1518 Draper Street, Kingsburg, CA 93631. This can be done by mail or by hand delivery.
3. The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with proper postage.
4. The written notice of cancellation need not take any particular form and, however expressed, it is effective if it shows that the student no longer wishes to be bound by the Enrollment Agreement.
5. If the Enrollment Agreement is cancelled the school will refund the student any money he/she paid within 45 days after the notice of cancellation is received.

WITHDRAWAL FROM THE PROGRAM

After the end of the cancellation period, you also have the right to stop school at any time; and you have the right to receive a pro rata refund if you have completed 60 percent or less of the scheduled hours in the current payment period in your program through the last day of attendance. The refund will be paid within 45 days of withdrawal. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned and the student will receive no refund.

For the purpose of determining a refund under this section, a student shall be deemed to have withdrawn from a program of instruction when any of the following occurs:

- The student notifies the institution of the student's withdrawal or as of the date of the student's withdrawal, whichever is later.
- The institution terminates the student's enrollment for failure to maintain satisfactory progress; failure to abide by the rules and regulations of the institution; absences in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the School.
- The student has failed to attend class for fourteen (14) consecutive calendar days.
- The student fails to return from a leave of absence.

For the purpose of determining the amount of the refund, the date of the student's withdrawal shall be deemed the date of official notice or the last documented date of attendance, whichever is later. The amount owed equals the daily charge for the program (total institutional charge divided by the number of hours in the program), multiplied by the number of hours scheduled to attend, prior to withdrawal. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned and the student will receive no refund.

Kingsburg School of Dental Assisting does not participate in federal or state financial aid programs. However, if any portion of the tuition was paid from the proceeds of a loan or third party, the refund shall be sent to the lender, third party or, if appropriate, to the state or federal agency that guaranteed or reinsured the loan. Any amount of the refund in excess of the unpaid balance of the loan shall be first used to repay any student financial aid programs from which the student received benefits, in proportion to the amount of the benefits received, and any remaining amount shall be paid to the student. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

UNDERSTANDINGS

INITIAL

1. **Catalog:** Information about Kingsburg School of Dental Assisting is published in a school catalog that contains a description of certain policies, procedures, and other information about the school. Kingsburg School of Dental Assisting

reserves the right to change any provision of the catalog at any time. Notice of changes will be communicated in a revised catalog, an addendum or supplement to the catalog, or other written format. Students are expected to read and be familiar with the information contained in the school catalog, in any revisions, supplements and addenda to the catalog, and with all school policies. By enrolling in Kingsburg School of Dental Assisting, the Student agrees to abide by the terms stated in the catalog and all school policies.

2. **Enrollment Agreement:** All admission activities and instruction occurs in English. If a prospective student is accepted for admissions based on documented English skills and his or her primary language is not English, the student has the right to obtain a clear explanation of the terms and conditions of this agreement and cancellation and refund policies in his or her primary language, at his or her expense by a translation service of his or her choosing prior to execution of the enrollment agreement. ☐
3. **Location:** All instruction occurs at the address checked on page 1 of this agreement. ☐
4. **Certificate of Completion:** I understand that I will be awarded a Certificate of Completion when I have completed all of the program requirements. ☐
5. **NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION:** The transferability of credits you earn at Kingsburg School of Dental Assisting is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in _____ program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Kingsburg School of Dental Assisting to determine if your credits or certificate will transfer. ☐
6. **Career Services:** The School provides students with job placement information. However, it is understood that the School does not and cannot promise or guarantee employment or any particular wage rate to any Student or Graduate. ☐
7. **Questions:** Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the "Bureau for Private Post secondary Education at 1747 N Market Blvd, Ste 225, Sacramento, CA 95834. www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897. ☐
8. **Complaints:** A student or any member of the public may file a complaint about this institution with Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's Internet Web site, www.bppe.ca.gov. ☐
9. **Financing:** The Student understands that if a separate party is financing his/her education, that the Student, and the Student alone, is directly responsible for all payments and monies owed to the school listed on this agreement. ☐
10. **Loans:** Kingsburg School of Dental Assisting does not participate in any state or federal financial aid programs. Nevertheless, if a student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:
 - a. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
 - b. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.☐
11. **Student Tuition Recovery Fund:** ☐

"The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss.

Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF or it must be paid on your behalf, if you are a student in an educational program, who is a California resident or are enrolled in an residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident or not enrolled in a residency program”.

INITIAL

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, (Not applicable for 2021-2022) prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, (Not applicable for 2021-2022), included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDENCE \$ 5540.00

ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM \$ 5540.00

TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT \$ 5540.00

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED STUDENT, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS AGREEMENT, A COPY OF THE SCHOOL CATALOG AND SCHOOL PERFORMANCE FACT SHEET. I FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS AGREEMENT. **THIS ENROLLMENT AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.**

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution’s cancellation and refund policies have been clearly explained to me.

Signature of Student

Date

Signature and Title of School Official Accepting Enrollment

Date
