

Dental Office Careers, Inc.
Enrollment Agreement
Dental Assisting

Student Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Registration Fee:	\$ 100.00
Tuition:	\$2,205.00
Lab Fees and Material Costs	\$ 490.00
Textbook and Workbook/CD's	\$ 130.00
Total program costs	\$2,925.00
Less registration Paid	_____
Amount Financed	_____

DATE OF ADMISSION ____/____/____ PROGRAM/COURSE Dental Assisting
Mo. Day Yr.

Program start date: _____ Program end date _____

Number of Weeks 10 Day of the week: Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Sat. ____

PROGRAM LOCATION: DENTAL OFFICE CAREERS 301 White Street Suite BB Frankfort, IL 60423
FEDERAL TRUTH IN LENDING DISCLOSURE

NOTICE TO BUYER:

1. Do not sign this agreement before you have read it or it contains any blank spaces.
2. This agreement is a legally binding instrument. Both sides of the contract are binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding in ether the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms have conditions of the agreement are not subject to amendment or modification by oral agreement.
6. Every assignee of this agreement takes it subject to all claims and defenses of the student or his successors in interest arising under this agreement.
7. I understand that should I withdraw from a program or course prior to the completion of said program or course, I am responsible for returning all property including textbooks, when applicable. Costs of books and materials are refundable if returned in good condition.

BUYER'S RIGHT TO CANCEL:

The student has the right to cancel the initial enrollment agreement until midnight of the fifth business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time to receive a refund on all monies paid to date within 10 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

REFUND POLICY

Any student applying for a program that is discontinued by the school shall receive a complete refund of all fees and/or tuition paid. It is the policy of Dental Office Careers, Inc. to issue refunds of tuition and fees in a prompt manner. As a matter of courtesy, students should have written notification to Dental Office Careers, Inc. of their intention to withdraw from a program. However, Dental Office Careers, Inc. does not require written notification of withdrawal as a condition for making refunds.

If no notification of withdrawal is received, and a student has had an unexplained absence of three (3) consecutive class days, Dental Office Careers, Inc. shall consider the student to have withdrawn from the program. In all cases, the date of the withdrawal shall be the last day of attendance.

Refunds shall be made within 30 days of the last day of the attendance if written notification has been provided to Dental Office Careers, Inc by the student; otherwise refunds shall be made within 30 days from the date Dental Office Careers, Inc. terminates the student or determines that the student has withdrawn. Determination that a student has withdrawn shall be made within 30 days of the last day of attendance Dental Office Careers, Inc. shall provide written acknowledgement of a student's notification of withdrawal within fifteen (15) calendar days of the postmark date of the notification of withdrawal.

In all instances, refunds shall be based on and computed from the last day of attendance. Any unused portion of a book fee shall be refunded.

TUITION REFUND SCHEDULE

1. If a student does not begin classes, and fees or tuition of \$150 have been collected, a refund of tuition or fees shall be made within thirty (30) days of the start of the program, and an amount not more than \$125 may be retained for application and registration fees.
2. When notice of cancellation is given after the student's completion of the first day of class attendance, but prior to the student's completion of 5% of the course instruction, the school may retain the application-registration fee, an amount not to exceed 10% of the tuition and other instructional charges or \$300, whichever is less, and, subject to the limitations of paragraph 12 of this section, the cost of any books or materials which have been provided by the school.
3. When a student has completed in excess of 5% of the course instruction, Dental Office Careers, Inc. may retain the application-registration fee but shall retain an amount computed pro-rata by days in class plus 10% of tuition and other instructional charges up to completion of 60% of course instruction.
4. When a student has completed an excess of 60% of a course of instruction, Dental Office Careers, Inc. may retain the application-registration fee and the entire tuition and other charges.
5. The refund policy for short courses up to 20 clock hours shall refund pro-rata up to 60% of the course of instruction.

Complaints against the school may be registered at one of the addresses listed below:

Illinois State Board of Education
Accountability Division
Private Business and Vocational Schools
100 North First Street, E230
Springfield, IL 62777
217-782-2948

Illinois State Board of Education
Accountability Division
Private Business and Vocational Schools
100 West Randolph, Suite 14-300
Chicago, IL 60601
312-814-5818

I acknowledge that I have received a copy of the school's current catalog. I have read this agreement and have received a copy.

Signature of Student

Date

I hereby certify that I have complied with the statute and rules applicable to Private Business and Vocational Schools throughout the process of enrolling the student.

Signature of school representative/ agreement accepted

Date

Date of notification to student of acceptance

Staff initials