The Radiant School of Massage

Professional Massage Therapy Education
200 Frank E Simon Ave, Shepherdsville, KY 40165 | 502-709-9601 |
admin@theradiantschoolofmassage.com

STUDENT ENROLLMENT FORM
Form No: _____
Date: _____

IMPORTANT NOTICE: This school does not accept, participate in, or administer any Federal Student Aid (Title IV), Federal grants, Federal loans, or any other federally funded financial assistance programs. All tuition and fees must be paid through personal/self-pay funds, private payment plans, private scholarships, or employer reimbursement. Students are solely responsible for all program costs.

SECTION 1 — STUDENT INFORMATION

Legal First Name | **Middle Name** | **Legal Last Name**

Preferred Name / Nickname | **Date of Birth (MM/DD/YYYY)** | **Gender (optional)**

Social Security Number (last 4 digits only — for ID purposes) | **Government-Issued Photo ID Type**

ID Number | **ID Expiration Date** | **Issuing State / Country**

Citizenship / Residency Status:

☐ U.S. Citizen ☐ Permanent Resident ☐ Visa Holder (specify below) ☐ Other

Visa Type / Other (if applicable)

SECTION 2 — CONTACT INFORMATION

Street Address | **Apt / Unit**

City | **State** | **ZIP Code**

Primary Phone | **Alternate Phone** | **Email Address**

Preferred Contact Method:

☐ Phone Call ☐ Text Message ☐ Email ☐ Mail

Emergency Contact:

Emergency Contact Name _____ **Relationship to Student** _____

Emergency Contact Phone _____ **Emergency Contact Email** _____

SECTION 3 — PROGRAM ENROLLMENT

Program / Course of Study _____

Program Length:

☐ 12 Months ☐ 15 Months ☐ 18 Months ☐ Other: _____

Anticipated Start Date _____ **Anticipated End Date** _____ **Schedule / Track** _____

Enrollment Status:

☐ Full-Time ☐ Part-Time

Class Schedule Preference:

☐ Day (Mon–Fri) ☐ Evening ☐ Weekend ☐ Hybrid / Blended

SECTION 4 — EDUCATIONAL BACKGROUND

Highest Level of Education Completed:

☐ Less than High School ☐ High School Diploma / GED ☐ Some College ☐ Associate Degree

☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree ☐ Other

Name of Last School Attended _____ **Year Completed** _____

City & State of Last School _____

SECTION 5 — TUITION & PAYMENT INFORMATION

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This institution is a SELF-PAY ONLY school. No Federal financial aid, Title IV funds, Pell Grants, Stafford Loans, PLUS Loans, or any other Federal or state-funded assistance is available or accepted.
Students must arrange payment through one or more of the options below prior to enrollment.

Tuition Payment Method (select all that apply):

☐ Self-Pay / Personal Funds ☐ Private Payment Plan (see below) ☐ Employer / Tuition Reimbursement

☐ Private Scholarship ☐ Third-Party Sponsor ☐ Other: _____

Total Program Tuition ($) _____

Registration / Application Fee ($) _____

Other Fees ($) _____

Payment Plan (if applicable):

Down Payment Amount ($) _____

Number of Monthly Installments _____

Monthly Payment Amount ($) _____

Payment Due Date Each Month _____

Accepted Payment Methods _____

Employer / Sponsor Name (if applicable) _____

Employer Contact Name _____

Employer Phone / Email _____

SECTION 6 — REFUND POLICY (AS STATED IN SCHOOL CATALOG)

6.1 Overview

This refund policy applies to all students enrolled in programs at The Radiant School of Massage. Because this institution does not participate in any Federal financial aid programs, all refunds are calculated based solely on tuition and fees paid directly by the student, payment plan, employer, or other private source.

6.2 Cancellation Prior to Start of Program

A student who cancels enrollment prior to the program start date shall receive a refund as follows:

- Cancellation within 3 business days of signing the enrollment agreement (before classes begin): Full refund of all tuition and fees paid, including the registration fee.
- Cancellation after 3 business days but before the first day of class: Full refund of tuition; registration/application fee is non-refundable.
- Students who do not attend the first class and have not formally withdrawn will be treated as withdrawals effective on the first scheduled class day.

6.3 Withdrawal After Program Commencement — Pro-Rata Refund Schedule

For programs of 12–18 months in length, refunds after the program start date are calculated on a pro-rata basis determined by the percentage of the program completed at the time of withdrawal. The refund schedule below applies to the institutional charge (tuition and applicable fees). Books, supplies, and non-refundable fees are excluded.

Percent of Program Completed	Refund of Tuition Paid	Tuition Retained by School
Less than 10%	90%	10%
10% up to 20%	80%	20%
20% up to 25%	75%	25%
25% up to 30%	70%	30%
30% up to 40%	60%	40%
40% up to 50%	50%	50%
50% up to 60%	40%	60%
60% up to 75%	25%	75%
75% or more	**No Refund**	100%

**Percentage of program completed is calculated by dividing the number of scheduled clock hours (or credit hours) completed by the total scheduled clock hours (or credit hours) in the program at the time of withdrawal. Official withdrawal date is the last date of recorded attendance.*

6.4 Non-Refundable Fees

- Application / Registration Fee
- Student Identification / Badge Fee
- Uniform / Equipment Fees (if items have been issued)
- Textbook / Supply Fees (once materials have been distributed)

6.5 Withdrawal Procedure

To initiate a formal withdrawal, the student must:

1. Submit a written Withdrawal Request Form to the School Registrar or Administrative Office.
2. Return all school-issued materials, equipment, and identification.
3. Complete an exit interview with a school administrator (if required).
4. Any outstanding balance owed to the school must be settled prior to receiving transcripts or certificates of completion.

6.6 Refund Processing Timeline

All approved refunds will be processed and issued to the student (or the paying party) within thirty (30) calendar days of the official withdrawal date or the date the school determines the student has withdrawn, whichever is earlier. Refunds will be returned using the same method of payment originally received.

6.7 Leave of Absence

A student granted an approved Leave of Absence (LOA) is not considered withdrawn and is not subject to this refund policy during the LOA period. LOA requests must be submitted in writing and are subject to school approval. Maximum LOA period is 180 days per program. If a student does not return from an LOA by the scheduled return date, the student will be considered withdrawn as of the last date of attendance prior to the LOA.

6.8 Administrative Dismissal / Termination

A student who is administratively dismissed or terminated by the school for failure to comply with school policies will be subject to this same pro-rata refund policy, calculated from the last date of recorded attendance. Any outstanding financial obligation to the school remains the student's responsibility.

Filing a Complaint with the Kentucky Commission on Proprietary Education

To file a complaint with the Kentucky Commission on Proprietary Education, a complaint shall be in writing and shall be filed on Form PE-24 May 2022, Form to File a Complaint, accompanied, if applicable, by Form PE-25 May 2022, Authorization for Release of Student Records.

The form(s) shall be mailed to the following address:

Kentucky Commission on Proprietary Education
500 Mero Street, 4th Floor
Frankfort, Kentucky 40601

Existence of the Kentucky Student Protection Fund

Pursuant to KRS 165A.450, all licensed schools, resident and non-resident, shall be required to contribute to a student protection fund. The fund shall be used to reimburse eligible Kentucky students, to pay off debts, including refunds to students enrolled or on leave of absence by not being enrolled for one (1) academic year or less from the school at the time of the closing, incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program.

Process for Filing a Claim Against the Kentucky Student Protection Fund

To file a claim against the Kentucky Student Protection Fund, each person filing must submit a signed and completed Form for Claims Against the Student Protection Fund,

Form PE-38 May 2022 and provide the requested information to the following address:

Kentucky Commission on Proprietary Education
500 Mero Street, 4th Floor
Frankfort, Kentucky 40601

Forms may be located at https://kcpe.ky.gov/Pages/index.aspx

SECTION 7 — KCPE COMPLAINT PROCESS AND STUDENT PROTECTION FUND NOTICE

Filing a Complaint with the Kentucky Commission on Proprietary Education

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SECTION 8 — STUDENT ATTESTATION & AGREEMENT

Please read the following carefully before signing. By signing below, you acknowledge that you have read, understand, and agree to all terms set forth in this Enrollment Form and School Catalog.

5. I have received, read, and understand the School Catalog, including the program description, curriculum, tuition, fees, and all school policies.
6. I understand that this school does NOT participate in any Federal financial aid programs (Title IV, Pell Grant, Stafford Loans, PLUS Loans, or any other federally funded program), and that I am solely responsible for payment of all tuition and fees through self-pay or other private means.
7. I have read and understand the Refund Policy as stated in Section 6 of this form and the School Catalog, and I agree to the refund schedule as applicable.
8. I understand that enrollment in this program is contingent upon meeting all admissions requirements, submission of required documentation, and receipt of required deposit or first tuition payment.
9. I certify that all information provided in this enrollment form is accurate and complete to the best of my knowledge. I understand that providing false information may result in immediate dismissal from the program without refund.
10. I agree to abide by all school rules, policies, and codes of conduct as described in the School Catalog and Student Handbook.

Student Signature & Date:

_____ _____
Student Signature Date

Parent / Guardian Signature (if student is a minor):

_____ _____
Parent / Guardian Signature Date

SECTION 8 — FOR OFFICE USE ONLY

Enrollment Accepted By		**Title / Position**
Date Accepted	**Expected Completion Date**	**Student ID Assigned**
Tuition Total ($)	**Deposit Received ($)**	**Balance Due ($)**
Payment Plan? ☐ Yes ☐ No		**First Payment Due Date**

Documents: ☐ Photo ID ☐ Education Records ☐ Signed Enrollment Agreement ☐ Catalog Receipt

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Student Copy | School Copy | File Copy