



Commercial Driver Training

4648 Pacific Hwy, Bellingham, WA 98226 / 3421 60th PL NE, Marysville, WA 98271

Ph: 360/318-7617, email: alfred@pegasuscorp.us

Enrollment Agreement (Contract)

This enrollment agreement, Contract # _____, is between the above named school, and

Student Name: _____ SS # _____

Address: _____

City: _____ State: _____ Zip _____ Phone _____

The school agrees to provide the following training:

Course or program title: Commercial Driver Training, Class

Starting Date: _____ Completion Date: _____

Please check appropriate box or boxes

☐ **CDL CLASS A This training will cost:**
Tuition\$4400.00
Program consist of _____ weeks @ _____ hours per week = **160 hours total**

☐ **CDL CLASS B This training will cost:**
Tuition\$2600.00
Program consist of _____ weeks @ _____ hours per week = **80 hours total**

☐ **UPGRADE TO CLASS A This training will cost:**
Tuition\$2600.00
Program consist of _____ weeks @ _____ hours per week = **80 hours total**

☐ **HAZARDOUS MATERIALS TRAINING This training will cost:**
Tuition\$350.00
Program consist of _____ weeks @ _____ hours per week = **16 hours total**

☐ **** PASSENGER / ENDORSEMENT This training will cost:**
Tuition (PLEASE NOTE: This is the stand alone cost, if student is obtaining their A or B with Pegasus \$450.00) ...\$750.00
Program consist of _____ weeks @ _____ hours per week = **14 Additional hours total**

☐ **** PASSENGER / SCHOOL BUS ENDORSEMENT This training will cost:**
Tuition (PLEASE NOTE: This is the stand alone cost, if student is obtaining their A or B with Pegasus \$850.00) ...\$1250.00
Program consist of _____ weeks @ _____ hours per week = **30 Additional hours total**

☐ **REFRESHER TRAINING:**
Our Refresher Training Program is based on an hourly rate of \$120.00 per hour, with a 4 hour minimum. Or you can enroll in our one week (35 hour) Refresher Training Program for \$2600.00.

Additional Costs:

Paid to:	Description:		
Service Provider	NIDA Drug Screen	\$50.00	Total additional Costs (Est):.....\$660.00
Service Provider	DOT Physical (est. cost)	\$150.00	
Dept of Licensing	DOL Knowledge tests.....	\$35.00	Total Cost for Class A (Est):
Dept of Licensing	CDIP (Learner's Permit).....	\$40.00	Total Cost for Class B (Est):
Dept of Licensing	Driving Record – Last 3 years	\$13.00	Total Cost for Upgrade to A (Est):
Dept of Licensing	CDL Skills Test	\$250.00	Total Cost for HAZMAT:
Dept of Licensing	Commercial Drivers License Fee.....	\$27-112	Total Cost for PASSENGER / SCHOOL BUS**:

Method of Payment (Circle): Cash Credit Card **(ADD 2.75%)** Scholarship Third Party (Voc Rehab, L&I, Employer)

Please list third party payer: _____

Down Payment: \$_____ Monthly Payment (If applicable):\$_____ Loan Payment (if applicable):\$_____

Agreement is Binding:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

Changes in the Agreement:

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student's parent or guardian if he/she is a minor.

Effective Date of Acceptance:

I certify that I have read and understand the cancellation and refund policy and the complaint procedure; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign. I hereby agree to abide by the conditions set forth herein.

 _____
Student Date Company Representative Date

Cancellation and Refund Policy for Resident Training Programs: You have up to six months (6) to complete the program. To calculate refunds, if any, your start date is used as the start date for calculating refund amounts.

1. The school must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
2. The school must refund all money paid if the applicant cancels within five (5) business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to 10% (ten percent) of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A registration fee is any fee charged by a school to process student applications and establishing a record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

If the student completes this amt of trainint:	The school may keep this percentage of the tuition cost:
One week or up to 10 %, whichever is less	10%
More than one week or 10% whichever is less but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student's termination is the last day of recorded attendance.
 - a. When the school receives notice of the student's intention to discontinue the training program; or
 - b. When the student is terminated for a violation of a published school policy which provides for termination; or
 - c. When a student, without notice, fails to attend classes for thirty calendar days.
6. All Refunds must be paid within thirty calendar days of the student's official termination date

Discontinued Programs:

If the school discontinues instruction in any program after students enter training, including circumstances where the school changes its location students must be notified in writing of such events and are entitled to a pro-rata refund of all tuition and fees paid unless comparable training is arranged for by the school and agreed upon, in writing, by the student. A written request for such a refund must be made within 90 days from the date the program was discontinued or relocated and the refund must be paid within 30 days after receipt of such a request.

Termination by the School:

A student who fails to maintain satisfactory progress, violates safety regulations, interferes with other student's who, is disruptive, obscene, under the influence of alcohol or drugs, or does not make timely tuition payments, is subject to immediate termination.

Cancellation of Classes:

The school reserves the right to cancel a starting class if the number of students enrolling is insufficient. Such a cancellation will be considered a rejection by the school and will entitle the student to a full refund of all money paid.

Notice to Buyer:

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

Cancellation of Contract:

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract, which notice shall be submitted not later than midnight of the fifth business day (excluding Sundays and Holidays) following your signing this contract or the written notice may be personally or otherwise delivered to the school within that time. In the event of dispute over timely notice, the burden to prove service rests on the sender.

Unfair business Practices:

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

Payment method: _____ Payment Due Date: _____
CC/CK/Public funding (DVR, Worksource, VA, etc)

Signature

Date

Parent or Guardian's Name (If applicable): _____ N/A
NOT REQUIRED FOR CDL PROGRAMS. STUDENTS MUST BE AT A MINIMUM 18 YEARS OF AGE.

Signature

Date

Authorized School Representative: _____
Please print name

Signature

Date

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this or any other private vocational school may be made to the Workforce Training and Education Coordinating Board, 128 10th Ave SW, PO Box 43105, Olympia, WA 98504-3105 (360-709-4600)



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NOTICE

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing original signatures must be attached by the school as an addenda to that individual's enrollment agreement and a copy must be provided to the enrollee by the school.

Acknowledgement by enrollee:

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I Understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and myself, provided that I have not entered classes sooner.

Acknowledgement by the School:

Prior to being enrolled in this school, the applicant whose name and signature appear below, has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay, given employment opportunities and average starting salaries in his/her chosen occupation.

Name: Please Print

Signed

Dated this _____ day of _____, 20____

Company Representative Signature

Title

Dated this _____ day of _____, 20____



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Attachment B

HOW TO FILE A COMPLAINT

Washington law requires private vocational schools to inform students how to file a complaint. By signing this form you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with information about the complaint process.

DISCUSSION ABOUT COMPLAINT POLICY REQUIRED

First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT

1. The school has described the grievance and/or complaint policy to me.
2. I understand that the policy can also be found in the school catalog.
3. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
4. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: http://wtb.wa.gov/PCS_Complaints.asp.
5. I understand that I have one year to file a complaint from my last date of attendance.
6. I further understand that in the event of a school closure, I have 60 days to file a complaint.
7. I also understand that complaints are public records.
8. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at http://wtb.wa.gov/PCS_Complaints.asp

Name: _____ Signature: _____

Date: _____, 20____

ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school's complaint policy.

Name: _____ Signature: _____

Title: _____

Date: _____, 20____