

Enrollment Agreement

Cancellation and Refund Policy

- An applicant rejected by the school is entitled to a refund of all monies paid.
- An applicant who provides written notice (delivered to FDC Dental Assisting) of cancellation within three days of signing an enrollment agreement is entitled to a refund of all monies paid.
- Expenses such as DA permit application *that has been submitted*, Core Books, and PPE eyewear are not returnable; therefore, no refund is allowed. (\$100)
- All refunds will be made within 30 days from the date of termination.
- This Cancellation and Refund Policy applies to a student who withdraws and/or is dismissed from the school

Withdrawal after Commencement of Classes by the Student

FDC Dental Assisting determines the effective date of withdrawal or termination to be:

- The 3rd consecutive day of enrolled classes with no attendance, or
- The date the student makes the official request to withdrawal from the program, or
- The date FDC Dental Assisting terminates the student's enrollment for reasons other than attendance.

In all cases, FDC Dental Assisting will process the refund of tuition based on the student's last date of attendance.

- **During the first week** of enrolled classes, the school earns 10% of the stated tuition price plus \$100 for expenses already paid: DA permit application *that has been submitted*, Core Books, PPE eyewear;
- **During the first 25%** of enrolled classes, the school earns 25% of the stated tuition price;
- **During the second 25%** of enrolled classes, the school earns 50% of the stated tuition price;
- **After more than 50%** of the enrolled classes, the school earns 100% of the stated tuition price and no refunds will be made for any termination or withdrawal circumstances.
- **Other cancellation:** An applicant subsequently requesting cancellation shall be entitled to a refund of all monies paid minus a registration fee of 15% of the contract price of the course, but in no event may the school retain more than \$150.00;
- **Special cases:** In cases of student prolonged illness or accident, death in the family, or other circumstances that make it impractical to complete the course, the school shall make a settlement which is reasonable and fair to both;
- **Discontinued class:** If a class is discontinued while students are still enrolled in class, and the school is still offering training in other areas, all monies paid to the school for students enrolled in the class at the time it is discontinued shall be refunded to the entity legally entitled to the refund. A school shall have thirty (30) days to restart the class or pay their fund.
- Core books and supplies including required DA permit and PPE eyewear are included in the cost of tuition and are not returnable; therefore, no refund is allowed.

Program Cost

Tuition \$2,900

Registration Fee \$100 (Core Book and DA Permit Application)

Registration fee covers textbook, state required Dental Assisting permit, and required PPE eyewear.

TOTAL = \$3,000

Student Name		
Phone #		
Address		
Email		
Social Security #		
Birthdate		
Emergency Contact (2)		
Emergency Contact #		
Current Employer		
Program / Start Date		
Estimated Grad Date		
Class Hours	60	
Clinical Externship Hours	72	
Grand Total Hours	132	
Tuition Cost	\$2900.00	
Registration (Textbook, DA Permit, PPE eyewear)	\$100.00	
Total Cost	\$3000.00	
Method of payment		
Payment Schedule/Date **See student financial contract**		

NOTICE

CONCERNING HOLDER OF THIS CONTRACT: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES THAT 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 HEREUNDER.

The student and Family Dental Center Dental Assisting understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY, may not be amended except in writing and signed by both parties.

I have received, read, understand, and agree to this copy of the enrollment agreement and promise to follow all school policies or may be subject to termination in accordance with the conditions of the catalog. (must be completed in person)

I have received, read, understand, and agree to abide by the terms and conditions of the Catalog. (must be completed in person)

I have received, read, understand, and agree to comply with the student financial contract or may be subject to termination in accordance to the financial contract. (must be completed in person)

Student Signature _____ Date _____

School Representative _____ Date _____