



**BASIC DENTAL ASSISTANT
ENROLLMENT APPLICATION**

Session: Winter Spring Summer Fall

APPLICANT INFORMATION

Last Name:	First Name:	MI
Date of birth:	Last Four Digits of SSN: XXX-XX-	Email
Street address:		
City:	State:	ZIP Code:
Cell Phone:	Home Phone:	Work Phone:

The above listed school and student enter into agreement under which the student will pay tuition and fees as indicated below as well as adhere to the school's rules and regulations as set forth in the school catalog. The school will instruct the student in the curriculum listed below in accordance with Education Law and Commissioner's Regulations.

Return by Fax to 845-561-0681 (Please include application, deposit, ID & copy of HS diploma, GED, or TASC)

EMPLOYMENT INFORMATION

Employer:	Position:	How long?
Employer address:		Phone:
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name:	Relationship:	
Address:		Phone:
City:	State:	ZIP Code:

EDUCATION

Name of School Last Attended:	Date Last Attended:
Highest Level Achieved: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors+	

MARKETING

How did you hear about us:

<input type="checkbox"/> Facebook	<input type="checkbox"/> Google	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Flyer
<input type="checkbox"/> Other	<input type="checkbox"/> Employer _____		<input type="checkbox"/> Friend _____	

CLASS AND TUITION INFORMATION

Program: Basic Dental Assistant	Clock Hours: 84	Weeks: 11	Total Cost: \$3100 Tuition: \$2800 Books: \$150 Materials: \$50 \$100 Non Refundable Registration Fee
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Schedule: Fridays from 8am to 5pm with a lunch break from 12pm to 1pm. Or Tuesday and Thursday from 5:30pm to 9:30pm

PAYMENT

Payment Enclosed: <input type="checkbox"/> Deposit \$500 <input type="checkbox"/> Full Fee \$3100 <input type="checkbox"/> Other _____	Type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order
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Any remaining balance is due 10 days prior to the class start date unless written payment arrangements are made in advance.

UNISEX SCRUB SET

	XS	S	M	L	XL	2X	3X	
Bust	35-36	37-39	40-43	44-47	48-50	51-53	54-57	Two pocket v-neck top with side vents and sewn on sleeves. Front drawstring, back elastic waistband pants with two side and two back pockets. This item is 65% polyester and 35% cotton. Please Indicate Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X
Waist	26-27	28-31	32-34	35-38	39-41	42-45	46-49	
Hips	37-38	39-41	42-45	46-48	49-52	53-56	57-59	
Inseam	28.5	28.5	29.5	30	30	30.5	31	

STUDENT'S RIGHT TO WITHDRAW AND RECEIVE A REFUND

- A. A student who cancels within 7 days of signing the enrollment agreement receives all monies returned with the exception of the non-refundable registration fee.
- B. Thereafter, a student will be liable for
1. the non-refundable registration fee plus
 2. the cost of any textbook or supplies accepted plus
 3. tuition liability as of the student's last date of physical attendance
- C. The student refund may be more than that stated above if the accrediting agency refund policy results in a greater refund.
- Tuition for students who elect to withdraw or are terminated from the program after class has started will be refunded according to the following calculations after the cancellation period expires. If termination occurs,

	<u>Tuition Refunded (if paid)</u>	<u>Tuition Owed</u>
Prior to or during the first week	100%	0%
During the second week	75%	25%
During the third week	50%	50%
During the fourth week	25%	75%
After the fourth week	No Refund	100%

OTHER TERMS AND CONDITIONS

- A student may be terminated for creating a safety hazard to other students, disobedient or disrespectful behavior toward faculty or other students, unsatisfactory academic progress, poor attendance, unprofessional conduct, excessive absence or lateness, failure to pay fees when due, cheating, falsifying records, breach of enrollment agreement, entering school site while under the influence or effects of alcohol, drugs, or narcotics, of any kind, carrying a concealed or potentially dangerous weapon, or sexual harassment or harassment of any kind. Terms of the refund policy will apply.
- Student may purchase books either from the school or on the open market.
- The Basic Dental Assistant program is sufficient as a basic, entry-level introduction to the profession; however, additional on-the-job training is required to become a fully functional dental assistant. The School will provide its graduates with assistance and job leads upon graduation as available, but cannot guarantee job placement, employment or salary. Students who withdraw or are ineligible to graduate will, upon written request, be given a copy of their "Official Transcript".

READ, SIGN AND DATE

By my signature, I agree to the conditions of this agreement. I also verify that I have read and received a copy of the agreement and the school catalog.

STUDENT SIGNATURE: _____ **Date:** _____

THE AGENT WHO ENROLLED ME WAS: _____ Cert #: _____

STUDENT SIGNATURE: _____ **Date:** _____

I HAVE RECEIVED A COPY OF THE STUDENT DISCLOSURE MATERIAL
STUDENT SIGNATURE: _____ **Date:** _____

Authorized Agent SIGNATURE: _____ **Date:** _____

FOR SCHOOL USE ONLY

Session: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Class Start Date:	Expected Graduation Date:
Accepted By (School Official Name):	Signature:	Date:

VOLUNTARY STUDENT ENROLLMENT INFORMATION

To be completed on a voluntary basis by student. Not for interview or admission purposes. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations that may apply, we invite you to complete this student data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse enrollment decision or action. Please be advised that this survey is NOT part of your official application for enrollment. It will not be used in any admissions decision. Your cooperation is appreciated.

We consider all students for enrollment without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing admissions policies and do not discriminate on the basis of any unlawful criteria. This information will be used and kept confidential in accordance with applicable laws and regulations.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age Range: <input type="checkbox"/> 18-24 (Traditional Student) <input type="checkbox"/> 25+ (Non-Traditional Student)
Ethnic Group: <input type="checkbox"/> Non-Resident Alien Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic of any race	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> 2 or more races <input type="checkbox"/> Race/Ethnicity Unknown