

# Enrollment Agreement

Lake Wylie School of Dental Assisting, LLC  
1100 Village Harbor  
Lake Wylie South Carolina 29710  
(980) 721-2595

Student Name: \_\_\_\_\_

**Present Address:**

\_\_\_\_\_  
\_\_\_\_\_

Telephone (home): \_\_\_\_\_

(Cell) \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**Permanent Address:**

\_\_\_\_\_  
\_\_\_\_\_

(work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROGRAM INFORMATION:**

Program: Dental Assisting

Start Date: \_\_\_\_\_

Program Length: 146 hours

Completion Date: \_\_\_\_\_

**(Specified in clock hours) – 16 weeks**

**TUITION:**

The total cost for the Dental Assisting program:

Tuition:	\$3,231.50
Administration/Registration Fee	\$ 125.00
Books/Supplies	<u>\$ 263.50</u>
Total Program Costs	\$3,620.00

**The registration fee must accompany the enrollment agreement to secure a space in the program. Administrative fee of \$100.00 will be waived upon signing enrollment agreement with full payment of tuition. The administrative/registration fee of \$100.00 may be retained as provided in the refund policy. The total amount of \$3,500.00 must be paid prior to issuance of certificate upon completion of the course. Cancellation and refund policy will follow the same format as discussed in the Catalog and Enrollment Agreement.**

**TUITION PAYMENTS:**

To assist students who are financially not capable of paying the full tuition up front, the school will offer an easy interest free installment payment plan. These terms are available to all students who need assistance. The plan will consist of four (4) installments:

1 <sup>st</sup> installment upon enrollment	-	905.00
2 <sup>nd</sup> installment on the 4 <sup>th</sup> week of class	-	905.00
3 <sup>rd</sup> installment on the 8 <sup>th</sup> week of class	-	905.00
4 <sup>th</sup> installment on the 12 <sup>th</sup> week of class	-	<u>905.00</u>
<b>Total Payment</b>		<b>\$ 3,620.00</b>

**LATE PAYMENTS:**

Installment payments not received 10 days after the due date shall incur a five percent (5%) penalty of the amount due.

**CANCELLATION AND REFUND POLICY:**

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal or state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 40 days of receiving the notice of cancellation, the school shall provide the 100% refund.

Other Cancellations: An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid **less the \$100.00 registration/administration fee.**

**Refund after the commencement of classes:**

**1. Procedure for withdrawal/withdrawal date:**

- A. A student choosing to withdraw from the school after the commencement of classes is to provide **written notice** to the Director of the school. The notice is to indicate the expected last date of attendance and be **signed and dated by the student**.
- B. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave and failed to do so.
- C. A student will be determined to be withdrawn from the institution if the student has not attended any class for 6 consecutive class hours.
- D. All refunds will be issued within 40 days of the determination of the withdrawal date (**less the \$100.00 registration/administration fee**).

**2. Tuition charges/refunds:**

- A. Before the beginning of classes, the student is entitled to a refund of \$100% of the tuition **less \$100.00 registration/administration fee**.
- B. After the commencement of classes, the tuition refund amount **less \$100.00 registration/administration fee** shall be determined as follows:

% of the clock hours attempted:	Tuition Refund amount:
10% or less	90%
More than 10% and less than or equal to 20%	80%
More than 20% and less than or equal to 30%	70%
More than 30% and less than or equal to 40%	60%
More than 40% and less than or equal to 50%	50%
More than 50% and less than or equal to 60%	40%
More than 60%	No Refund is required

The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student's start date to the student's last day of attendance, by the total number of clock hours in the program (**\$100.00 registration/administration fee**).

**Books and Supplies:** There is no refund for any equipment, books and supplies received by the student.

**Refunds** will be issued within 40 days of the date of student notification, or date of school determination (withdrawn due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 40 days of the date the student was scheduled to return from the LOA and did not return.

**Special Cases:** In case of prolonged illness or accident, death in the family, or other circumstances that make it impractical for the student to complete the program, the school may make a settlement which is reasonable and fair (this language optional).

**Holder in Due Course Statement:**

Any holder of this consumer credit contract is subject to all claims and defenses which the 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 (FTC Rule effective 5-14-76).

**THE STUDENT UNDERSTANDS:**

1. The School does not accept credit for previous education, training, work experience (experiential learning), or CLEP (if applicable).
2. The School does not guarantee job placement to graduates upon program/course completion or upon graduation.
3. The School reserves the right to reschedule the program start date when the number of students scheduled is too small.
4. The School will not be responsible for any statement of policy or procedure that does not appear in the School catalog.
5. The School reserves the right to discontinue any students' training for unsatisfactory progress, nonpayment of tuition or failure to abide by School rules.
6. Information concerning other Schools that may accept the School's credits toward their programs can be obtained by contacting the office of the President. It should not be assumed that any programs described in the School catalog could be transferred to another institution. The School does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credits and whether they should be accepted is the decision of the receiving institution.
7. This document does not constitute a binding agreement until accepted in writing by all parties.

## Hold Harmless Agreement

Lake Wylie School of Dental Assisting, LLC and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to *direct care and contact of other students, clients, patients, or residents at the clinical or training facility site* **OR** *other similar language depending on the type of program*). Student does hereby waive, release, and discharge Lake Wylie School of Dental Assisting, LLC of any and all liability and all claims for damages for death, personal injury, or property damage which I may have or which hereafter accrue to me as a result of participation in the *program* whether or not caused by negligence or fault of Lake Wylie School of Dental Assisting, LLC.

This release is intended to discharge the *school*, and its officers, employees, representatives, students, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my responsibility.

Student signature \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT ACKNOWLEDGEMENTS:**

1. I hereby acknowledge receipt of the LWSDA’s school catalog, which contains information describing programs offered, and equipment/supplies provided. The school’s catalog is included as a part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog. \_\_\_\_\_ **Student’s initial**

2. Also, I have carefully read and received an exact copy of this enrollment agreement.  
\_\_\_\_\_ **Student’s initial**

3. I understand that the School may terminate my enrollment if I fail to comply with attendance, academic and financial requirement or if I disrupt the normal activities of the School. While enrolled in the School, I understand that I must maintain Satisfactory Academic Progress as described in the School catalog and that my financial obligation to the School must be paid in full before a certificate may be awarded. \_\_\_\_\_ **Student’s initial**

4. I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation.  
\_\_\_\_\_ **Student’s initial**

**CONTRACT ACCEPTANCE:**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Lake Wylie School of Dental Assisting, LLC.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lake Wylie School of Dental Assisting, LLC  
Signature of School Official

\_\_\_\_\_  
Date

School Representative’s certification: I hereby certify that \_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: \_\_\_\_\_

Date: \_\_\_\_\_



Lake Wylie  
School of Dental Assisting

I, \_\_\_\_\_ give permission to Lake Wylie  
School of Dental Assisting, LLC to use my photograph(s) in any  
marketing and all marketing materials.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_