

**N.O.D.C. School for Dental Assisting
1901 Manhattan Blvd., Bldg. F, Ste 201
Harvey, LA 70058
(504) 341-0003**

Enrollment Contract

Name _____ SS# _____
Address _____

Home Phone _____ Work Phone _____
Cell Phone _____

Date of Birth _____ e-mail address _____

Name to appear on Diploma: _____

First Name (or nickname) to appear on Name Tag: _____

Program: Dental Assistant Training

Length of Program: Fifteen (15) Saturdays, five hours each class day, totaling Seventy-five (75) clock hours.

Total Cost of Program: \$3,700.00 plus one set of hospital-type scrubs and jacket

Methods of Payment: Payment may be made by cash, personal check, or credit card.

In consideration of my acceptance as a student for the N.O.D.C. School for Dental Assisting course in Dental Assistant Training as of the above date, I hereby enroll and obligate myself to pay to the order of: N.O.D.C. School for Dental Assisting, the amount of \$3,700.00.

CANCELLATION AND REFUND POLICY

If, for any reason an applicant is unable to enter School, or decides to cancel his/her enrollment **before the commencement of classes** (or if the Enrollment Contract was signed within three (3) days before the Commencement of classes), she/he may cancel the Enrollment Contract by written notice, without penalty or obligation, and receive a full refund of all monies paid to the School **within 72 hours (three days), until midnight of the third day (including Saturdays, excluding Sundays and legal holidays) after the Enrollment Contract has been signed and a tour of the School facility is made.** The Enrollment Contract is not binding until signed by the School Director or designated School Representative. An applicant who has not visited the School and toured the School facility prior to signing the Enrollment Contract has an additional three (3) days to cancel enrollment without penalty and request a full refund of any monies paid to the School. Any refund will be made within thirty (30) days after the start of the applied-for course.

If the applicant fails to enter School, OR the applicant notifies the School in writing of the decision to cancel his/her enrollment after the three-business-day cancellation deadline but before the commencement of classes, a refund will be made within thirty (30) days after the start of the applied-for course, as follows:

- An applicant who is not accepted by the School will receive a full refund of any monies paid to the School, including the \$100.00 Registration Fee.
- An enrollee who is accepted by the School (but does not enter School) will receive a refund of monies paid to the School in excess of the \$100.00 Registration Fee.
- If a textbook was issued, a refund of the Textbook Fee will be given if the textbook is returned to the School in excellent, unused condition. The decision to give a refund of the Textbook Fee will be made

on an individual basis, subject to a School Director's approval.

- No compensation will be given by the School for the purchase of a uniform or of personal School supplies.
- An enrollee/student will receive a full refund if educational service is discontinued by the School, preventing her/him from completing the course.
- An enrollee/student will receive a full refund if the enrollment was procured as a result of any misrepresentations in advertising or promotional materials of the School, or misrepresentations by an Owner or Representative of the School.

After the commencement of classes, a student may voluntarily withdraw by contacting the School in writing. **If the student withdraws after the first day of classes**, an applicable refund will be made within thirty (30) days of the effective date of termination (see below), as follows:

- The \$100.00 Registration Fee will be retained by the School, plus a percentage of Tuition as indicated in the Schedule of Refunded Tuition, below. Refunds will be made based on the period of enrollment, which is computed based on the number of days of classes (sessions) attended.
- Approved Leaves of Absence and School holidays will not be counted as part of the scheduled class attendance.
- If the enrollee cancels his/her enrollment before the radiology test booklet has been issued, a refund of the Radiology Test/Certificate Fee will be given.
- If a Textbook has been issued, a refund of the Textbook Fee will be given if the textbook is returned to the School in excellent, unused condition. The decision to give a refund of the Textbook Fee will be made on an individual basis, subject to the School Director's approval.
- No compensation will be given by the School for the purchase of a uniform or personal School supplies by a student who is unable to complete the course (for any reason).
- An enrollee will receive a full refund if educational service is discontinued by the School, preventing a student from completing the course.
- An enrollee will receive a full refund if the enrollment was procured as a result of any misrepresentations in advertising or promotional materials of the School, or misrepresentations by an Owner or Representative of the School.

The effective date of termination, for refund computation purposes, will be the latest of the following:

- The last day of actual attendance, if the student's enrollment is terminated by the School. The grounds for termination of a student's enrollment by the School are listed in the Termination of Re-admittance Policy Section of this Catalog.
- The date of receipt by the School of written notice of withdrawal from the student.
- The last day of actual attendance, if the student does not return from an approved Leave of Absence.

Schedule of Refunded Tuition (Tuition = \$3,475.00)

<u>Sessions Attended</u>	<u>Percentage of Tuition Refunded</u>
Session 1-3.....	80
Session 4.....	70
Session 5-7.....	45
Session 8-15.....	0

In the event of a prolonged illness or accident, death in the family or other circumstances that make it impractical for me to complete the program, the School shall make a settlement, which is reasonable and fair to both parties.

Are you a high school graduate or GED recipient?: YES NO (please circle)

If no, are you a high school senior: YES NO (please circle)

Expected Entrance Date: _____

Schedule of Charges

Registration Fee.....	\$ 100.00
Tuition.....	\$3,475.00
Textbook Fee.....	\$ 90.00
Radiology Test/Certificate Fee...	<u>\$ 35.00</u>
TOTAL.....	\$ 3,700.00

I certify that I have received a copy of the N.O.D.C. School for Dental Assisting Catalog, which contains information about: my course outline; the schedule of tuition and fees; refund policy; school regulations including academic standards and conduct rules; grading policy; placement assistance; and general information. I further certify that I have received and read a copy of this Enrollment Contract and understand it is subject to representation only as expressed herein. I agree to comply with all of the policies as set forth in the School Catalog during my period of enrollment in N.O.D.C. School for Dental Assisting.

Student's Signature _____

Date _____

Parent/Guardian (if minor student) _____

Date _____

Authorized School Official _____

Date _____

N.O.D.C. School for Dental Assisting is licensed and regulated by the State of Louisiana Board of Regents.