

Enrollment Contract  
River Cities School of Dental Assisting, Inc.  
1945 E. 70<sup>th</sup> St.  
Shreveport, La 71105  
(318)797-1156

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Name of Course: \_\_\_\_\_

In consideration of my acceptance as a student for the dental assistant course through *River Cities School of Dental Assisting Inc.*, as of the above date, I hereby enroll and obligate myself to pay to the order of *River Cities School of Dental Assisting Inc.*, Three thousand dollars to be paid by one of the following options:

I have selected the following payment plan for the dental assistant course (check one):

- \_\_\_\_\_ a) Pay in full \$3000.00
- \_\_\_\_\_ b) Pay half (\$1,500.00) on first night of class, then pay \$187.50 weekly from week 2 to week 9.
- \_\_\_\_\_ c) Pay \$500.00 down then pay \$312.50 weekly from week 2 to week 9.

Payments may be made by cash, personal check, or credit card. PAYMENTS MADE BY CREDIT CARD WILL BE AN ADDITIONAL \$300.00

Three Business Day Cancellation: All monies paid by a student shall be refunded if requested within three business days after signing an enrollment agreement and making an initial payment.

Cancellation after the three business day cancellation period, but before commencement of classes by the student: Tuition or fees collected in advance of entrance and if the student does not begin classes no more than \$100.00 shall be retained by the institution. Refunds for a student who does not begin classes shall be made within thirty (30) days of the start of a quarter, term or semester.

I understand that the WITHDRAWAL AFTER COMMENCEMENT OF CLASSES REFUND POLICY SHALL BE:

- 1) If a student has completed less than 12 hours of the course, the institution shall refund 80% of the tuition, less the registration fee, thereafter.
- 2) If a student has completed 12 hours, but less than 20 hours of the course, the institution shall refund 70% of the tuition, less the registration fee, thereafter.
- 3) After a student has completed 20 hours, but less than 40 hours of the course, the institution shall refund 45% of the tuition, less the registration fee, thereafter.
- 4) After a student has completed 40 hours of the course, the institution will retain 100% of the tuition.

A full refund of all Tuition and Fees is due and refundable in each of the following cases:

- A. If class is postponed from its starting date.
- B. If the program of instruction is discontinued by the school and this prevents the student from completing the program.

Student Signature: \_\_\_\_\_

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

- C. If the student's enrollment was procured as the result of any misrepresentation in advertising, promotional materials of the school, or representations by the owner or representatives of the school.

**I CERTIFY THAT I HAVE RECEIVED A COPY** of the *River Cities School of Dental Assisting Inc.*'s, catalogue which contains: my course outline, schedule of tuition, books, fees and other charges, refund policy, regulations pertaining to the rules of operation and conduct, grading policy, placement assistance, and general information.

**I FUTHER CERTIFY** that I have received and read a copy of this Enrollment Certificate and understand it is subject to representation only as expressed herein. I agree to comply with these policies during my period of enrollment in *River Cities School of Dental Assisting, Inc.*

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

Student Signature: \_\_\_\_\_

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

Institution approval: \_\_\_\_\_

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

Representative: \_\_\_\_\_

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