

ENROLLMENT AGREEMENT

ELEVATE DENTAL ASSISTING SCHOOL

275 N HWY 16 BUSINESS SUITE 103 DENVER NC, 28037 Phone-980-222-7501

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Email: elevatedaschool@gmail.com Website:

Licensed by the North Carolina State Board of Community Colleges
*The North Carolina State Board of Community Colleges is not an
accrediting agency.*

STUDENT INFORMATION:

Student Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Mailing Address: _____
(Street) (State) (zip)

Phone: _____ **Email:** _____

Citizenship: _____

Emergency Contact: _____
(First) (Last)

Relationship: _____ **Phone#:** _____
:

PROGRAM INFORMATION

Program: Dental Assisting

Start Date: _____

Program Length: 121 clock hours

Completion Date: _____

(Specified in clock hours) – 13 weeks

Classroom and Dental Office Internship

Regular Meeting Schedule:

Summer session: July 8 -October 2nd **Winter Session:** January 8-April 1st

Spring Session: April 8 -July 1st

Class Days: (circle) M T W Th F Sa Su
 Time: _____
 Externship (Hours/Description): _____
 Credential Awarded (Certificate) _____

Professional Licensing & Certification

A professional license is not currently required for employment in North Carolina, but certification recognizes the competency and skills learned during your training and may provide an advantage when seeking employment.

PROGRAM/COURSE COSTS - TUITION AND FEES

All students enroll for a complete program and pay tuition for the complete program prior to entrance unless other arrangements have been made.

Course	Tuition	Registration Fee	Admin Fee	Books/Supplies	Total
Dental Assisting	\$2935.00	\$125.00	\$310.00	\$325.00	\$3695.00

PAYMENT SCHEDULE

Students are responsible for payment in full 2 weeks prior to the start of the course. Registration Fee will be due upon submitting the enrollment agreement.

Registration Fee - \$125.00

The remainder of the \$3570 can be paid as the student sees fit up until 2 weeks before scheduled enrollment date.

Total Payment - \$3695.00

Deposit _____	Date _____	Balance Due _____
Date Due _____	Received _____	Balance Due _____
Date Due _____	Received _____	Balance Due _____
Date Due _____	Received _____	Balance Due _____

Method of Payment: Check/Cash Visa/MC (please circle)

CANCELLATION AND REFUND POLICY

Rejection: An applicant denied 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 30 days after 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.

Refund after the commencement of classes:

Procedure for withdrawal/withdrawal date -

- 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**.
- 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.
- A student will be determined to be withdrawn from the institution if the student has not attended any class for 6 consecutive class hours.
- All refunds will be issued within 30 days of the determination of the withdrawal date.

Tuition charges/refunds:

- Before the beginning of classes, the student is entitled to a refund of 100% of the tuition.
- The student will receive a full refund of tuition and fees paid if the school discontinues a Program/Stand Alone course within a period of time a student could have reasonably completed it, except that this provision shall not apply in the even the school ceases operation. After the commencement of classes, the tuition refund shall be determined as follows:

1. TUITION REFUND AFTER COMMENCEMENT OF CLASS

% of the clock hours attended:	Tuition Refund amount:
Within the first 10% of program	90% less cancellation charge
After 10% but within first 25%	75% less cancellation charge
After 25% but within first 50%	50% less cancellation charge
After 50% but within first 75%	25% less cancellation charge
After 75%	NO Refund

The percentage of the clock hours attended 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.

Timely Refund Payments: Refunds shall be paid within 30 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 30 days of the date the student was scheduled to return from the LOA and did not return.

Previous Credit: The policy for granting credit for previous training shall not impact the refund policy.

The failure of a student to notify the director in writing of withdrawal may delay refund of tuition.

Books and Supplies:

There is no refund for any equipment and supplies received by the student. Fees for books and supplies are **subject to cost change**.

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).

Postponement of Start Date:

Postponement of a starting date, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must be forth:

- a. Whether the postponement is for the convenience of the school or the student, and;
- b. A deadline for the new start date, beyond which the start date will be postponed.

If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to a full refund of prepaid tuition and fees within 30 days of the deadline of the new start date set forth in the agreement. Refund will be in accordance with the school's Refund Policy.

COMPLAINTS

The student will not be subject to unfair actions as a result of his/her initiation of a complaint proceeding. Attempting to resolve any issue with the School first is strongly encouraged.

Student Complaints may be brought to the attention of the North Carolina Community Colleges System.

Access the Portal Online:

[Student Complaint Portal](#)

Alternatively, a Student Complaint Form (PDF) can be completed and sent to:

North Carolina Post-Secondary Education Complaints
c/o Student Complaints
University of North Carolina System Office
910 Raleigh Road, Chapel Hill, NC 27515-2688

For additional details, please email: studentcomplaint@northcarolina.edu.

After Filing a Complaint:

The Student Complaint Portal will direct community college student complaints to the North Carolina Community Colleges System Office (NCCCSO). Before initiating an inquiry, the NCCCSO requires:

- A fully completed and signed student complaint form.
- Documentation confirming the completion of the college's complaint or grievance procedures.

- Relevant evidence to support the complaint.

Students must attempt to resolve issues through the campus complaint process before escalating to the NCCCSO via the Student Complaint Portal. The NCCCSO does not provide legal advice or act as the student's representative. The review by the NCCCSO is limited to ensuring college and State Board processes and codes have been followed.

Acknowledgements & Special Disclosures

Special Needs – Students in need of special accommodations should notify the school administrator in writing.

Online Access Requirement – Students are expected to have high-speed internet connection when taking online coursework. Students must use Kajabi to submit online tests and quizzes.

THE STUDENT UNDERSTANDS

1. The School does not accept credit for previous education, training, work experience (experiential learning), or College Level Examination Program (CLEP), if applicable.
2. The School **does not guarantee job placement** to students upon program/course enrollment/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.

ADMISSIONS REQUIREMENTS

Must be at least 18 years of age, must have GED or high school diploma by finish of course.

HOLD HARMLESS AGREEMENT

Elevate Dental Assisting School 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*. Student does hereby waive, release and discharge Elevate Dental Assisting School of any and all liability and all claims for damages for death, personal injury or property damage which 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 Elevate Dental Assisting School. 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 exists, 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 are 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 ACKNOWLEDGEMENTS

1. I hereby acknowledge receipt of the school catalog which contains information describing programs offered, and equipment/supplies provided. The school catalog is included as a part of this Enrollment Agreement, and I acknowledge that I have received a copy of this catalog, Volume 2, January 2019. _____
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 Elevate Dental Assisting School.

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

Elevate Dental Assisting School
Signature of School Official

Date

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: _____