

The Dental Education Institute, LLC  
810 West DeSoto Street  
Clermont, FL 34711  
352.551.6531

## Student Enrollment Agreement

THIS AGREEMENT, TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL UPON ACCEPTANCE BY THE SCHOOL.

READ APPLICATION THOROUGHLY BEFORE ANSWERING QUESTIONS

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### Student Information

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

Address: \_\_\_\_\_  
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Telephone: (Home) \_\_\_\_\_ (Business or Cellular): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle One: Male Female

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### Program Information (School Only)

Program Title: \_\_\_\_\_ Length: \_\_\_\_\_ Contact Hours: \_\_\_\_\_

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

Ending Date: \_\_\_/\_\_\_/\_\_\_

Tuition \$ \_\_\_\_\_

Total Program Price \$ \_\_\_\_\_

***Students are provided the program textbook on the first day of class. Essentials of Dental Assisting, 5<sup>th</sup> Edition, Debbie S. Robinson & Doni L. Bird. Elsevier, 2013. ISBN: 978-1-4377-0423-5.***

**This agreement constitutes a binding Contract between the Student and The Dental Education Institute, LLC.**

Methods of Payment

( ) Full payment at time of signing enrollment agreement.

( ) Down payment of \$850.00 before classes start with payments of \$150.00 due on or before the beginning of each of the ten classes (10 payments). The total cost of using this option is \$2,350.00. This option reflects an extra cost of \$50.00.

( ) Down payment of \$650.00 before classes start with payments of \$175.00 due on or before the beginning of each of the ten classes (10 payments). The total cost of using this option is \$2,400.00. This option reflects an extra cost of \$100.00.

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed The dollar amount the credit provided to you or on your behalf.	Total of Payment The amount you will have paid after you have made all payments as scheduled.	Total Sales Price The total cost of your purchase on credit including your down payment of
N/A %	\$ N/A	\$ N/A	\$ N/A	\$ N/A
YOUR PAYMENT SCHEDULE WILL BE:				
Number of Payments	Amount of each payment	When payments are due: N/A		
	\$	Beginning on ___/___/___ and on the same day each (check one) ___ weekly or ___ bi-weekly thereafter		

All prices for courses are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time. Cost of class is included in the price cost for the goods and services.

CANCELLATION AND REFUND POLICY

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by electronic mail, by Certified Mail or by termination.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
3. Cancellation after the third (3rd) Business Day, but before the first class, results in a refund of all monies paid.
4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing 40% of the program will result in no refund.
6. Termination Date: In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice is received.

7. Refunds will be made within 30 days of termination of students' enrollment or receipt of Cancellation Notice from student.

#### GROUNDS FOR TERMINATION

I agree to comply with the rules and policies and understand that the School shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that the School reserves the right to modify the rules and regulation, and that I will be advised of any and all modifications.

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#### GRADUATION REQUIREMENTS

I understand that in order to graduate from the program and to receive a diploma, I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the Student Enrollment Agreement, pass all written and practical examination with a 75% average and satisfy all financial obligations to the School.

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#### EMPLOYMENT ASSISTANCE

I understand that the School has not made and will not make any guarantees of employment or salary upon my graduation. The School will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

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#### ACKNOWLEDGEMENT

This contract contains the entire agreement between The Dental Education Institute, LLC and myself, and no further modification or representation except as herein expressed in writing will be recognized.

**NOTICE TO PROSPECTIVE STUDENTS: DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.**

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Date