The Dental Education Institute, LLC 12344 Roper Blvd. 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

Student Information		
Name:		
Address:	0.7./07.47	
STREET ADDRESS		ZIP/POSTAL CODE
Email Address:		
Telephone: (Home)	(Business or Cellu	ular):
Social Security Number:	Date of Birth:	Circle One: Male Female
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. <u>Essentials of Dental Assisting</u>, 7th <u>Edition</u>. <u>Debbie S. Robinson</u>. <u>Elsevier</u>, 2023. <u>ISBN</u>: 978-0-323-76507-7.

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

Methods of Payment for 10 Week Program

- () Full payment at time of signing enrollment agreement.
- () Down payment of \$1000.00 before classes start with payments of \$725.00 due on or before the beginning of each of the first four classes (4 payments). The total cost of using this option is \$4,050.00. This option reflects an extra cost of \$50.00.
- () Down payment of \$800.00 before classes start with payments of \$787.50 due on or before the beginning of each of the first four classes (4 payments). The total cost of using this option is \$4,100.00. This option reflects an extra cost of \$100.00.

ANNUAL PERCENTAGE RATE	FINANCE CHARGE		r amount the vided to you	Total of Payment The amount you will have paid after you ha made all payments as scheduled.				
N/A %	\$ N/A	\$ N/A		\$ N/A	\$ N/A			
YOUR PAYMENT SCHEDULE WILL BE:								
Number of Payments	Amount of each pa	Amount of each payment W \$ Beginning on/_		When payments are due: N/A				
	\$			/ and on the same day each				
			(check one) _	weekly or b	i-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, with the exception of the registration fee (not to exceed \$150.00).
- 4. Cancellation after attendance has begun, through 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.

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.

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.

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.

Signature of Applicant	Date	Signature of Parent/Guardian	Date
Signature of School Official	Date		