

25212 Marguerite Parkway, Suite 120 Mission Viejo, CA 92691 (949) 933-8890

## **Enrollment Agreement**

First Name	Initial	Last Name		Birth date
Address	City	7	State	Zip Code
Phone	Em	ail		Last 4 digits of your SS number
Which program a	are you en	rolling in?		
COURS	SES			
Dental Assisting		Start I	Date	
Dental Assisting O	nline	Scrub	Ciza	
Ortho Assisting Co		Dorub		
Dental Front Offic				
Dental Billing				
X-Ray Program 1				
X-Ray Program 2				
8-Hour Infection (	Control			
Coronal Polishing				
Dental Practice Ac	<u>t</u>			
CPR				
Pit and Fissure Sea	alant			
Ultrasonic Scaling				
RDA Written Revi				
Intro CAD/CAM				
Resume Skills				
address shown above. The evidence by the school receive a copy for my receive to carefully read this agreeived and read the dis-	nis is a legally al's official's si cords. I hereby a eement. The refi sclosures and ot	binding instrument when sig gnature, below. I understand t gree to the terms and conditions and policy that applies to this agr	ned by the stuth that, immediately of this enrollment reement is printed	Instruction will be provided at the dent and accepted by the school y upon signing this agreement, I will at agreement. I have been given timed on page 2 of this agreement. I have aware that the school participates in
X		Date Signe	ed	
Stud	dent's Signatu	:e		
For C	Office Use Only:	(The school has met disclosure re	equirements as re	quired by code.)
	<i>,</i> .			

## **Personal Questions**

- 1. What got you interested in Dental Assisting?
- 2. How can OC Dental Academy help you with your goals in becoming a Dental Assistant?
- 3. How did you find out about OC Dental Academy?

## CANCELATION POLICY

If you cancel your enrollment, please do so in writing. Deliver your notice to cancel to the school at the address shown on page one of this agreement.

This institution will refund, without penalty or obligation, 100% of the amount you paid for institutional charges, less a reasonable deposit or application fee not to exceed \$500, if your notice of cancellation is made prior to, or on the first day of your scheduled instruction. Please refer to the start date shown on page 1 of this agreement.

## REFUND POLICY

1. The student has a right to a full refund of all charges less the amount of the registration fee listed in the fee section of this agreement (the amount retained may not exceed \$500). If the student cancels this agreement prior to or on the first day of instruction. Further, the student may withdraw from a course after instruction has started and receive a pro rata refund for the unused portion of the tuition and other refundable charges. See the Refund Chart below.

Refund Example: \$3,500 (Amount paid for the program of instruction)

\$1,750 (50% Refund = Discontinuing after 2 days of instruction)

- 2. If you are entitled to a refund, the refund is to be made within 30 days of the date the school determines, or is notified in writing, of your cancellation or withdraw.
- 3. Refund Table

Day 1	50% Refundable
Day 2	50% Refundable
Day 3	o% Refundable

X		Please sign here that you have read and understand our refund policy.
	Sign Name Here	