

Enrollment Agreement

First Name	Initial	Last Name	Birth date
Address	City		State
Phone	Email		Last 4 digits of your SS number

Which program are you enrolling in?

COURSES	
Dental Assisting	
Dental Assisting Online	
Ortho Assisting Course	
Dental Front Office	
Dental Billing	
X-Ray Program 1	
X-Ray Program 2	
8-Hour Infection Control	
Coronal Polishing	
Dental Practice Act	
CPR	
Pit and Fissure Sealant	
Ultrasonic Scaling	
RDA Written Review	
Intro CAD/CAM	
Resume Skills	

Start Date
Scrub Size

Agreement

*This is an agreement for educational services to be provided by this private institution. Instruction will be provided at the address shown above. **This is a legally binding instrument when signed by the student and accepted by the school evidence by the school's official's signature, below.** I understand that, immediately upon signing this agreement, I will receive a copy for my records. I hereby agree to the terms and conditions of this enrollment agreement. I have been given time to carefully read this agreement. The refund policy that applies to this agreement is printed on page 2 of this agreement. I have received and read the disclosures and other contents of this institution's catalog and am aware that the school participates in the Student Tuition Recovery Fund as noted on page 2 of this agreement.*

<p>X _____</p> <p style="text-align: center;">Student's Signature</p>	<p>_____ Date Signed _____</p>
<p>For Office Use Only: (The school has met disclosure requirements as required by code.)</p>	
<p>_____</p> <p>School Official's Signature</p>	<p>_____</p> <p>Printed Name of Official</p>
<p>_____</p> <p>Date Signed</p>	

