



Enrollment Agreement

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Social Security Number: _____

Home Phone: _____ Cellphone: _____ Work Phone: _____

Date of Birth: _____ Have you ever been convicted of a drug-related offense? Yes No

Email: _____

In case of emergency, whom should we contact? Name: _____ Phone: _____

EDUCATIONAL DATA

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 *College:* Fresh. Soph. Jr. Sr. *Grad. Degree:* Yes No

Do you have a high school diploma or G.E.D.? Yes No Completion Date: _____

SCHOOL	NAME AND LOCATION	GRADUATED (Y/N)	MAJOR	GPA
Grammar School				
High School				
College				
Other (Specify)				

Subjects of Special Study: _____

Special Training and Skills: _____

EXPERIENCE

Please state briefly why you wish to attend dental assisting school. *(You may attach a separate piece of paper.)*

Please describe any dental office experience you have had up to now. _____



Character References: Give the names of three persons not related to you, whom you have known at least one year.

References

NAME	ADDRESS	PHONE	BUSINESS
1.			
2.			
3.			

Do you authorize AS4U Career Center to contact your references? Yes No

Some Enrollment Requirements:

- Must have a high school diploma or GED
- State-Issued Driver’s License, Military ID, State-Issued Identification Card, or US Passport (Photo ID for proof of identity)
- \$100 Registration Fee (Non Refundable) & Background Check required. (Money Order, Credit Card, Cash)
- Students must have at least first shot in a series of 3 for the Hepatitis Immunization (Can be obtained by Health Dept, or any Urgent Care, Family Physician).
- Please see Payment Options and Refund Policy.

Certification: By checking this box or signing your name on this form, you signify and affirm that you are the person whose name appears above and the information contained in the form is true, correct and complete the best of your knowledge and belief.

PLEASE SEND COMPLETED APPLICATION VIA: INFO@AS4UCAREERCENTER.COM,

FAX- 470.375.6144, OR MAIL TO ADDRESS ABOVE.

Tuition and Fees

Tuition..... \$3,795
 Registration Fee \$100 (non refundable)
Total..... \$3,895

Cancellation and Refund Policy

- The school must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
- The school must refund all money paid if the applicant cancels by midnight of the third business day after signing the contract (Enrollment Agreement). The cost of material, equipment, books and uniforms provided to the student may not be refunded unless the items and materials in question are returned in “as new” condition.
- The school must refund all the money paid, if the school procured the enrollment as a result of any misrepresentation in advertising, promotional materials or by representative of the school, or if the school changes the program time or location such that a student cannot longer attend.
- The school may retain one hundred dollars and the \$100 Registration Fee and the cost of any equipment, uniforms, books and material that is not returned in as new condition, if the applicant cancels after the third business day after signing the contract.
- Refunds are made according to the percentage of clock hours of classes attended and any materials, equipment, books and uniforms that is not returned in “as new” conditions.
- Effective date of termination for refunds purposes is the earlier of the last date of attendance or receipt of written notice of termination.
- Refunds are provided within 30 days of termination.
- The \$100 application and background check fee are not refundable under any circumstances. The cost of materials, equipment, books and uniforms provided to the student may not be refunded unless the items and materials in question are returned in “as new” condition.
- Refunds will be prorated based off the number of classes attended. Once you have completed your 8th class (50% of the course-period) you are no longer qualified for a refund.

Applicant’s Signature: _____

Date: _____

Institution’s Signature: _____

Date: _____