



ENROLLMENT AGREEMENT

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 WWW.RIVERWESTDENTALASSISTING.COM INFO@DENTALASSISTANTMEMPHIS.COM

STUDENT INFORMATION

STUDENT NAME: _____ Home Phone: _____
 ADDRESS: _____ Work Phone : _____
 CITY: _____ STATE ____ ZIP _____ Cell Phone: _____
 SOCIAL SEC. NO. (LAST 4): _____ DATE OF BIRTH: _____
 EMAIL ADDRESS: _____

PROGRAM INFORMATION

13-WEEK DENTAL ASSISTING PROGRAM

PROGRAM LENGTH: 128 HOURS

SEMESTER: FALL SPRING SUMMER

START DATE: _____ COMPLETION DATE: _____

TUITION AND FEES

All students enroll for a complete program and pay tuition for the complete program prior to entrance unless other arrangements have been made. Tuition includes all supplies:

Course	Base Tuition	Registration Fee	Application Fee	Supplies	TOTAL
Dental Assisting	\$2,899.00	\$75.00	\$25.00	\$400.00	\$3,399.00

TUITION ASSISTANT OPTIONS

To assist students who are financially not capable of paying the full tuition up front, the school will offer an interest free easy installment plan. These terms are available to all students who need assistance. The options consist of four or six payment installments:

4-WEEK PAYMENT PLAN OPTION

Payment 1	\$849.75	Paid Upon Enrollment
Payment 2	\$849.75	Paid the 4 th Week of Class
Payment 3	\$849.75	Paid the 8 th Week of Class
Payment 4	\$849.75	Paid the 12 th Week of Class

6-WEEK PAYMENT PLAN OPTION

Payment 1	\$550.00	Paid the First Day of Class
Payment 2	\$550.00	Paid 2 th Week of Class
Payment 3	\$550.00	Paid 4 th Week of Class
Payment 4	\$550.00	Paid 6 th Week of Class
Payment 5	\$550.00	Paid 8 th Week of Class
Payment 6	\$550.00	Paid 10 th Week of Class

Tuition must be paid either prior to or the day of class for the week in which the payment is due. Any outstanding payments must be paid in full one week prior to the end of the program. Installment payments not received by the due date shall incur a five percent (5%) penalty of the amount due in addition to the \$50.00 late fee.

For example: A late payment due of \$849.75 + \$42.49 (5% penalty) + \$50.00 (late fee) = \$942.24

ARKANSAS RURAL ENDOWMENT FUND STUDENT LOAN PROGRAM

The Arkansas Rural Endowment Fund (AREF) provides loans for rural Arkansas residents. To qualify you must be an Arkansas resident for at least 6 months with a permanent home address outside the city limits of Little Rock or North Little Rock. For more information or to apply online, please visit www.aref.org or contact AREF toll free at [800-232-5505](tel:800-232-5505).

Easy Online Application

Low Interest Fees

Flexible Repayment Options

HOLDER IN DUE COURSE STATEMENT

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

CANCELLATION AND REFUND POLICY

REJECTION: An applicant denied by the school is entitled to a full refund of all monies paid.

CANCELLATION (PRIOR TO START DATE): An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal or state holidays) of signing an enrollment agreement is entitled to a full refund of all monies paid. No later than 30 days after receiving the notice of cancellation, the school shall provide a full 100% refund. An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid **less the \$100.00 registration and application fee.**

WITHDRAWAL AND REFUND POLICY

PROCEDURE FOR WITHDRAW

A student choosing to withdraw from the school after the commencement of classes must **provide written notice** to the Director of the School indicating the expected last date of attendance. The notice must be **signed and dated by the student.** The failure of a student to notify the Director in writing of the withdrawal may delay refund of tuition.

A student who is on authorized Leave of Absence, but fails to return by the scheduled return date will be considered withdrawn from the program on the original date the student was scheduled to return from the Leave of Absence.

Automatic withdrawal is assumed after a student has not attended any class for 6 consecutive class hours.

A pro rata refund will be issued within 30 days of the determined withdrawal date less the \$100.00 registration and application fee based on the following scale.

Percentage of Clock Hours Attempted	Tuition Refund Amount
25% or Less	Pro Rata
More than 25% and less than 50%	50% Refund
More than 50% and less than 75%	25% Refund
More than 75%	No Refund Available

The percentage of clock hours attended is determined by dividing the total number of clock hours elapsed from the student's start date to the student's withdrawal date by the total number of clock hours in the program.

REFUND PAYMENTS shall be paid within 30 days of the date of the student withdrawal notification, or the date of the school's determination of withdrawal (due to absences or other criteria as specified in the enrollment agreement), or in the case of a student not returning from an authorized Leave of Absence. There is no refund for any equipment, books and supplies received by the student. Fees for books and supplies are **subject to cost change.**

SPECIAL CASES: In case of prolonged illness or accident, death in the family, or other circumstances that make it impractical for the student to complete the program, the school may make a settlement which is reasonable and fair.

RIGHTS AND RESPONSIBILITIES

1. The School does not accept credit for previous education, training, work experience (experiential learning), or College Level Examination Program (CLEP), if applicable.
2. The School **does not guarantee job placement** to students upon program/course enrollment/completion or upon graduation.
3. The School reserves the right to reschedule the program start date when the number of students scheduled is too small.
4. The School will not be responsible for any statement of policy or procedure that does not appear in the School catalog or enrollment agreement.
5. The School reserves the right to discontinue any students' training for unsatisfactory progress, nonpayment of tuition or failure to abide by School rules.
6. Information concerning other Schools that may accept the School's credits toward their programs can be obtained by contacting the office of the President. It should not be assumed that any programs described in the School catalog could be transferred to another institution. The School does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credits and whether they should be accepted is the decision of the receiving institution.
7. This document does not constitute a binding agreement until accepted in writing by all parties.



HOLD HARMLESS AGREEMENT

Riverwest Dental Assisting Institute, LLC and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to *direct care and contact of other students, clients, patients, or residents at the clinical or training facility site*. Student does hereby waive, release and discharge Riverwest Dental Assisting Institute, LLC of any and all liability and all claims for damages for death, personal injury or property damage which may have or which hereafter accrue to me as a result of participation in the *program* whether or not caused by negligence or fault of Riverwest Dental Assisting Institute, LLC

This release is intended to discharge the school and its officers, employees, representatives, students, volunteers and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice or other activities.

Knowing risks exists, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release and assumption of risk are to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel and that any cost incurred as a result of such medical treatment will be my responsibility.

Signature of Student

Date

STUDENT ACKNOWLEDGEMENTS (initial below)

_____ I hereby acknowledge receipt of the school catalog which contains information describing programs offered, and equipment/supplies provided. The school catalog is included as a part of this Enrollment Agreement, and I acknowledge that I have received a copy of this catalog.

_____ I have carefully read and received an exact copy of this enrollment agreement.

_____ I understand the school may terminate my enrollment, if I fail to comply with attendance, academic or financial requirements or if I disrupt the normal activities of the school. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligations to the school must be paid in full before a certificate may be awarded.

_____ I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation.



ENROLLMENT ACCEPTANCE

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Riverwest Dental Assisting Institute, LLC.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signature of Student

Date

Riverwest Dental Assisting Institute, LLC
Signature of School Official

Date

REPRESENTATIVES CERTIFICATION: I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Riverwest Dental Assisting Institute, LLC
Signature of School Official

Date

* Student must be 18 years old to attend