

**ENROLLMENT AGREEMENT**  
**Oak Tree Massage School, LLC**  
**225 S Main Street, Rice Lake, WI 54868**  
**715.257.0757   www.oaktreemassageschool.com**

This Enrollment Agreement is between:

Oak Tree Massage School, LLC  
225 S Main Street  
Rice Lake, WI 54868

and \_\_\_\_\_  
Student Name

for the 600-hour Massage Therapist Program as described in the School Catalog,  
beginning on \_\_\_\_\_ and ending on or about \_\_\_\_\_.

**Student Initials:**

- \_\_\_\_ Tuition for the Massage Therapist Program is \$7725, which includes textbooks, school and massage supplies, student insurance, testing and licensing fees and a massage table and chair package.
- \_\_\_\_ I do not need to bring anything to class but myself and a willingness to learn. I will use only what the school supplies for my massages. I will not use my own massage table, sheets or lotions/oils, etc.
- \_\_\_\_ Tuition may be paid in full or in installments.  
Tuition payments will be made in cash, USPS money orders or certified bank checks . Late fee is \$50 per incident.
- ☐ My Tuition remainder of \$\_\_\_\_\_ will be paid in full on the first day of class  
or  
☐ I agree to make the following tuition payments:

**Enter payment terms here**

- \_\_\_\_ I understand that Oak Tree Massage School will provide Employment Advisory Services. Job openings or opportunities are posted on the school "Job Board". Practice interviews and resumes/applications are completed in class. Internships at local businesses are arranged by the school and completed as part of the Massage Therapist Program. Individual assistance for interviews and employment is available to me at anytime, even after graduation.
- \_\_\_\_ I understand that Oak Tree Massage School does not guarantee employment or job placement, does not assume the responsibility for finding me a job or placement, nor are student referrals to prospective employers based on direct contact with employers regarding job openings.
- \_\_\_\_ I understand that I may cancel this Enrollment Agreement, without penalty or obligation, within three business days of the date of this agreement. If the school receives my Notice of Cancellation within three business days, a refund of my tuition will be granted in 10 business days.
- \_\_\_\_ I understand that I will receive a full refund of all tuition paid if I am accepted into the program but am unqualified and the school does not secure a disclaimer under EAB 9.04, or my enrollment was procured as the result of any misrepresentation made by or on behalf of the school.

## ENROLLMENT AGREEMENT, Continued

Student Name: Amanda Poirier

\_\_\_ I understand that the school's Refund Policy follows Wisconsin Administrative Code EAB 8.05. If I withdraw or am dismissed after attending at least one class, but before completing 60% of the program, I will receive a pro-rated refund which is calculated as follows:

| <u>At Least</u> | <u>But Less Than</u> | <u>Refund of Tuition</u> |
|-----------------|----------------------|--------------------------|
| 1 class         | 10%                  | 90%                      |
| 10%             | 20%                  | 80%                      |
| 20%             | 30%                  | 70%                      |
| 30%             | 40%                  | 60%                      |
| 40%             | 50%                  | 50%                      |
| 50%             | 60%                  | 40%                      |
| 60%             | n/a                  | no refund                |

As part of this policy, the school may retain the one-time application fee of no more than \$50. The School may deduct from my tuition any supplies or equipment not returned, or returned in unusable condition. I understand that I will receive my refund within 40 days of my withdrawal or dismissal. If I withdraw after completing 60% of the program, and my withdrawal is due to mitigating circumstances beyond my control, the school may refund a pro-rated amount.

\_\_\_ I understand that notification of my withdrawal can be done in any manner desired. Upon notification of withdrawal, my refund will be issued by check made payable to me via certified mail within 40 days of withdrawal date. If no notice of withdrawal is provided by me, after 7 missed class meetings the school will withdraw me, and issue a refund, based on Refund Policy listed above, considering my missed classes as attended, by check via certified mail to my last known address.

\_\_\_ I understand that this Enrollment Agreement is legally binding.

\_\_\_ I have received a copy of this Enrollment Agreement, a Notice of Cancellation, and the current School Catalog

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_