

ENROLLMENT AGREEMENT

Name _____
Address _____
City _____ Zip _____

In the event the school declines the Enrollment Agreement, notice to that effect in writing shall be made before the start of the program to the student. Any down payment paid will be returned with that notice. The application fee will be forfeited. **Make All Checks and Money Orders Payable To: Professional Institute of Dental Assisting, Inc.**

The cost of the Stated Program is as follows:

Application Fee	\$100 _____
Tuition	\$3,895 _____
Total Cash Price	\$3,995 _____
Total Down Payment	\$ _____
Unpaid Balance of Cash Price	\$ _____

Method of Payment for Unpaid Cost

____ Cash ____ Check ____ Visa/MC
____ Money Order ____ Loan

I am now paying \$_____, I will need financing for my balance \$_____.

In connection with my application to the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning by credit, bankruptcy proceeding, etc. from federal, state and other agencies which maintain records. I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Applicant's Signature _____

Phone: Home(____)_____
Alternate (____)_____

SS# _____

COURSE SCHEDULE

The course is scheduled to start on 9-5-18. In session Wednesdays 5:00p.m. - 8:30p.m., Thursdays 5:00p.m. - 8:30p.m. Saturdays 8:00a.m. -12:30p.m. Scheduled Completion is 10-27-18. Successful Graduates of the course will receive a Certificate of Completion.

ENROLLMENT REQUIREMENTS

Applicants must be 18 years of age. A high school diploma or GED is strongly recommended. For students to gain full benefit from this program applicants must be able to read and write the English language.

SCHOOL REGULATIONS

Students are required to complete the Student Application and interview process with school staff. Students are required to sign Attendance Sheet beginning of each class. Should a student be unable to attend a class due to illness or other reason, the school office should be notified (608)751-4452. Such class time must be made up at a charge to the student. Fees for missed lecture or clinical session are \$100.00/session. That fee is due prior to class make up time. The missed session must be made up by the next lecture period. The school does not differentiate between unexcused or excused absences. Students are not suspended or dismissed for unsatisfactory attendance, unless a student has numerous missed classes and falls so far behind that the work cannot be made up.

GRADING SCHEDULE

Academically and Clinically, the student is graded Mid-Term and Final. If a student does not attain a 75 or higher, the student will be given opportunity to retake the test. **75 or higher = Satisfactory, Below 75 = Unsatisfactory.** Each retake is an additional \$100.00. If a student after numerous attempts to achieve a Satisfactory grade, is unsuccessful, the student will be terminated from classes with the Professional Institute of Dental Assisting, Inc. A student who does not demonstrate the skills, interest, or success potential to become a dental Assistant, will be advised by the instructor to drop from the course, or prove proficiency to a Satisfactory level.

PROGRAM OBJECTIVES

The Professional Institute of Dental Assisting, Inc. serves to teach/train students to understand the scope of dental assisting. Offering the student exposure toward becoming a fully cross-trained assistant. This course offers the initial training/practice needed to qualify the student to become a serious job candidate. Should a student require additional help, tutors are available for an hourly fee of \$35.00.

DISMISSAL AND CONDUCT

Mature behavior/conduct consistent with highest business standards is expected of all students. The school reserves the right to suspend or dismiss a student whom engages in unsatisfactory conduct such as dishonesty, failure to adhere to school rules/regulations, destruction or theft of school property, activity which impinges on the right of other, possession or consumption of alcohol or illegal drugs in any area of the school. Suspended/dismissed students due to behaviors listed above will not be readmitted and refunds are subject to refund policy of school.

REFUND POLICY

A full refund will be made of all monies paid minus the application fee if cancellation is made within 3 business days after receiving notice of acceptance from the school. If the student withdraws from the course after 3 business days up to 30 days before course begins student will receive ½ of the total tuition paid to P.I.D.A. If the student withdraws from the course after 30 days but before the first class the student will receive 25% of tuition paid. After the 1st class no refunds will be given. Refunds due to cancellations will be made within 10 business days. Cancellations must be in writing, mailed or personally delivered to an instructor at: Professional Institute of Dental Assisting, Inc. 1714 North Randall Ave., Janesville, WI 53545. A student who does not attend a class for a period of 4 consecutive class days, without providing prior to or during that period, an explanation to the school regarding the absences will be considered to have withdrawn.

PLACEMENT SERVICES

The school does not offer any placement services. Students may request their records released to potential employers after signing a release form. The school will offer employment advisory postings. Those postings will be available on the Student Bulletin Board in classroom area. Students may respond to those postings at their own discretion.

ADDITIONAL INFORMATION

The student hereby releases the school, holds harmless the Professional Institute of Dental Assisting, Inc. and representatives from and against all liabilities, damages, and other expenses which may be imposed upon, incurred by, or assorted against it or them by reason of bodily injury or property damage which I may suffer, from any cause, while a student in the training program of the school.

The student is responsible for the purchase of a white pair of pants and white shoes; the school does not provide the student with those items. Meals will not be included with the program.

CLINICAL OBSERVATION TIME

Each student is required to have 10 hours of clinical observation time, which is done on the students' "free time". This observation time will be done in the clinic of Robinson & Prijic Family Dental. This time is in addition to the 80 hours of required classroom/lecture/clinical time.

ACKNOWLEDGEMENTS

In signing the Enrollment Agreement Contract, I have completed the Student Application, and completed a personal interview with an instructor; all information give by myself is true and correct.

My signature below certifies that I understand the Aforementioned Statements along with the current catalog, and agree to abide by them.

Applicant's Signature

Date _____

As an authorized representative of the Professional Institute of Dental Assisting, Inc., I certify that the following statements are true and correct. I have interviewed the applicant and reviewed his/her Student Application and find that the applicant meets the admission requirements. I have not made any verbal promises or statements, which are contrary to the terms of the current catalog or this Enrollment Agreement.

Representative's Signature

Date _____

THIS IS A LEGAL DOCUMENT. BOTH PAGES OF THIS CONTRACT ARE BINDING. PLEASE READ BOTH PAGES BEFORE SIGNING.