 WISCONSIN

Dental Assistant School

Learn. Achieve. Succeed.

819 Summit Avenue Oconomowoc, Wisconsin 53066

(262)-567-7224 Office (262)-567-2372 Fax

wdas@gmail.com [www.wdas.info](http://www.wdas.info)

**ENROLLMENT AGREEMENT**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION:**

Program: Dental Assisting Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Length: 10 weeks Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specified in clock hours: 85 hours

**TUITION:**

The total cost for the Dental Assisting program is: $3495.00. This includes all tuition, books, fees and supplies.

Students are accepted regardless of sex, race, age, marital status, religion, ethnic or national origin.

**TUITION PAYMENTS:**

Tuition must be paid in full prior to entering the program and can be paid up to the last business day prior to the beginning of the first day of classes.

**CANCELLATION AND REFUND POLICY:**

Full Refund:

Three-Day Cancellation: An applicant who cancels 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 10 days of receiving the notice of cancellation, the school shall provide a 100% refund.

An applicant requesting withdrawal 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 minus a $100.00 Application fee.

Refund After the Commencement of Classes:

1. Procedure for withdrawal/withdrawal date:

* 1. For a student who is on an authorized Leave of Absence, the withdrawal date is the date the student was scheduled to return from the Leave and failed to do so.
	2. A student will be determined to be withdrawn from the institution if the student has not attended any class for 16 consecutive class hours.
	3. All refunds will be issued within 40 days of the determination of the withdrawal.

 After the commencement of classes, the tuition refund amount shall be determined as follows:

 **TUITION REFUND AFTER COMMENCEMENT OF CLASS:**

|  |  |
| --- | --- |
| % of the Clock Hours attended: | Tuition Refund amount: |
| 10% or less  |  90%  |
| More than 10% and less than or equal to 20% |  80%  |
| More than 20% and less than or equal to 30% |  70%  |
| More than 30% and less than or equal to 40% |  60% |
| More than 40% and less than or equal to 50% |  50%  |
| More than 50% and less than or equal to 60% |  40% |
| More More than 60% |  No Refund |

The percentage of the clock hours attended is determined by dividing the total number of clock hours elapsed from the student’s start date to the student’s last day of attendance, by the total number of clock hours in the program.

Refundswill be issued within 40 days of the date of student notification, or date of school determination (withdrawn due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 40 days of the date the student was scheduled to return from the LOA and did not return.

**Leave of Absence:** In cases of prolonged illness, accident, death in their family, or other circumstances which make it impractical for the student to complete the program, the student may take a Leave of Absence, (LOA). The Student must contact the Physician Director and discuss the length of time needed for the LOA and the date in which the student expects return to class. In these situations, the school may make a settlement which is reasonable and fair.

**THE STUDENT UNDERSTANDS:**

1. The school does not accept credit for previous education, training, work experience or CLEP (if applicable).
2. The school does not guarantee job placement to graduates upon program/course 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 or policy or procedure that does not appear in the catalog or enrollment agreement.
5. The school reserves the right to discontinue any students’ training for non-payment of tuition, unsatisfactory progress, 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 Director. 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.

**ATTENDANCE:**

Regular attendance is essential for adequate training. Students are expected to be present and on time for all classes. Students are responsible for all work missed during an absence and should contact an Instructor regarding makeup work. Makeup work shall not be authorized for the purpose of removing an absence.

Students may not miss more than more than two 8-hour classes (sixteen hours) during a program term. If a student misses two complete classes (sixteen hours) it is suggested that the student withdraw from the training program and after a 30 day separation, apply for re-admittance for the next 10 week session. NOTE: A complete class is defined as one 8-hour Saturday class.

\*It is suggested students arrive 10 minutes prior to the start of all scheduled classes. Any time out of class (tardiness) will be treated as absence time.

**TARDY:**

A student will be considered tardy if they are more than ten minutes late for class. Two late arrivals equal one unexcused absence.

**EXCUSED ABSENCES:**

An excused absence is scheduled in advance for such events as medical appointments, jury duty, or funerals, or one in which the student provides an acceptable reason upon return to school, such as illness or child care issues. We request that the student call the school prior to the beginning of class so the Instructors know they will not be in attendance that day. Please call the School at

262-567-7224. Receiving an excused absence does not affect the expectation that the student will meet the course requirements as outlined. Arrangements must still be made at the discretion the Lead Instructor for make-up work.

**UNEXCUSED ABSENCES:** An unexcused absence is one in which the Student does not notify the school they will not be attending classes that day and they do not have an acceptable reason upon returning to school. The student will be considered withdrawn from the program it they miss16 hours of class.

**CONDUCT STANDARDS:**

Since career preparation is the objective of the dental assisting program, the student’s conduct should be that which is normally required in the dental profession. Use of profanity is not tolerated. Having alcoholic beverages or drugs on school property is strictly prohibited. Eating, drinking, or smoking is not permitted in the classrooms. Students may use the office break room for eating; however, no smoking is allowed in these facilities. Students may be dismissed from the program by the Physician Director if they disrupt the normal activities of the school, or fail to comply with attendance or academic requirements.

Cheating and dishonesty is taken very seriously and is not tolerated. Students are expected to maintain the highest standards of honesty in their work. Cheating in any form is a serious offense and student’s found guilty of any form of dishonesty are subject to disciplinary action.

**STUDENT ACKNOWLEDGEMENTS:**

1. I hereby acknowledge receipt of the **WDAS**’s school catalog, which contains information describing programs offered, and equipment/supplies provided. The school‘s catalog is included as a part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog.

\_\_\_\_\_\_\_ **Student’s initials**

1. Also, I have carefully read and received an exact copy of this enrollment agreement.

\_\_\_\_\_\_\_\_ **Student’s initials**

1. I understand that the school may terminate my enrollment if I fail to comply with attendance, appearance, academic and financial requirement 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 obligation to the school must be paid in full before a certificate can be awarded.

\_\_\_\_\_\_\_\_ **Student’s initials**

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

\_\_\_\_\_\_\_\_\_ **Student’s initials**

**CONTRACT 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 Wisconsin Dental Assistant School.

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.

This is a legally binding contract once signed by all parties.

Signed this \_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wisconsin Dental Assistant School Date

Signature of School Official

Representative’s 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.

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

**NOTICE OF CANCELLATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

You may cancel this transaction, without any penalty or obligation, within three business days from the above date (Saturdays, Sundays and holidays are not business days).

If you cancel, any property traded in, any payments made by you under contract or sale, and any negotiable instruments executed by you will be returned within 10 business days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled.

If you cancel, you must make available to the seller at you residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale; or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller’s expense and risk.

If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your notice of cancellation, you may retain or dispose of the goods without further obligation.

To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice, or send a telegram to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Seller)

 at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address of Seller’s place of business)

 no later than midnight of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

NOTE: Purchase of educational goods and services offered by a school is deemed to take place when written and final acceptance is communicated to the student by the school. If the representative who enrolls you is authorized to grant written acceptance at the time you enroll, and does so, the cancellation period ends at the time specified above. If you have not accepted in writing at the time you enroll, the cancellation period does not end until midnight of the third business day after the day you received written acceptance by certified mail from the school.

I hereby cancel this transaction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Buyer’s Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Buyer’s Name – Print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Address)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City, State, Zip Code)