



Enrollment Agreement

The Dental Assisting Training School of South Carolina
502 Wando Park Blvd. Suite 102
Mt. Pleasant, SC 29464
(843) 856-3310 (O)
(843) 856-3311 (F)
info@datsofsc.com
www.datsofsc.com

Step 1: Fill in personal information

I hereby apply for enrollment into The Dental Assisting Training School of South Carolina, hereinafter referred to as the "school." A representative has provided me with the catalog and explained the programs and terms of this enrollment agreement. I am 18 years or older or have permission from my parent or guardian.

Name (last, first) _____

Date _____

Address _____

City _____ State/Country _____ Zip _____

Home phone () _____ Cell:() _____ Work phone () _____

Date of birth __/__/____ Social Security number: ___/___/____

E-mail address _____

Current employer (if any) _____

City _____ State/Country _____ Zip _____

Name and relationship of closest relative _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

Highest level of education ___ High school ___ GED ___ Associate ___ BA/BS
___ Masters

Name of School _____ City and State _____

High School Diploma Certificate _____ GED Certificate _____

Verified _____ Yes _____ No By whom _____

Have you ever attended the Dental Assistant Training School? ___ yes or ___ no

I was referred by _____ or heard about DATS by _____

I am registering for _____ chairside _____ front office _____ both _____ radiology only

Step 3: Please select method of payment for tuition

Chair side only \$3075

Payment in full

Deposit of \$200 required to reserve your seat (\$100 non-refundable registration fee)

(initial) I agree to pay the remaining balance in full one week prior to the beginning of class or I will not be enrolled in the class.

MyCAA (Available to eligible military spouses) Student must still place deposit and a refund will be given once funds are received from MyCAA after graduation.

Care Credit

DATS payment plan

Administrative \$1550

Payment in full

Deposit of \$200 required to reserve your seat (\$100 non-refundable registration fee)

(initial) I agree to pay the remaining balance in full one week prior to the beginning of class or I will not be enrolled in the class.

MyCAA (Available to eligible military spouses) Student must still place deposit and a refund will be given once funds are received from MyCAA after graduation.

Care Credit

DATS payment plan

Chair side and Administrative \$3850

Payment in full

Deposit of \$250 required to reserve your seat (\$125 non-refundable registration fee)

(initial) I agree to pay the remaining balance in full one week prior to the beginning of class or I will not be enrolled in the class.

MyCAA (Available to eligible military spouses) Student must still place deposit and a refund will be given once funds are received from MyCAA after graduation.

Care Credit

DATS payment plan

Step 4: Review and sign the refund and cancelation policy

Chair Side Course Refund and Cancelation Policy

Should an applicant/student cancel or is terminated for any reason all refunds will be made according to the following policy and schedule:

1. All monies will be refunded if the applicant is not accepted by the School or if the applicant cancels within three (3) business days after signing the Enrollment Agreement. **An applicant not requesting cancellation by his/her specified starting date will be considered a student.**
2. If a credit card was run to pay for the course, the fees associated with that transaction will be forfeited.
3. **Cancellation** must be **made in person or by certified mail.**
4. Termination date for refund computation purposes is the last date of actual attendance by the student, unless earlier written notice is received.
5. Refunds will be made within 30 days of termination or receipt of cancellation notice.
6. Should a student be terminated or request cancellation of this Enrollment Agreement **after:**
 - a.) The third (3rd) business day, but before the first class, a refund of all monies paid (less \$100.00 registration fee) will be awarded.
 - b.) Entering the program of instruction, the refund will be determined by the number of classes attended.
 - c.) Completing six and half (6 1/2) classes of instruction constitutes the FULL COURSE and the student is not entitled to any refund.
7. If the school cancels a course (full 11 weeks) for whatever reason (class size, etc.), the student will receive a refund, or the student may apply toward another class at a later date. The minimum number of enrollees will be ten (10) students.

Should an applicant/student cancel or is terminated for any reason all refunds will be given according to the following policy and schedule:

| <u>Time of Withdrawal</u> | <u>Amount refunded</u> |
|--|------------------------|
| After attending 1 class - (2 sessions) | 90% of tuition |
| After attending 2 classes | 80% of tuition |
| After attending 3 classes | 70% of tuition |
| After attending 4 classes | 60% of tuition |
| After attending 5 classes | 50% of tuition |
| After attending 6 classes | 40% of tuition |
| After attending 6.5 classes | No Refund |

Administrative Course Refund and Cancellation Policy

Should an applicant/student cancel or is terminated for any reason all refunds will be Issued according to the following policy and schedule:

8. All monies will be refunded if the applicant is not accepted by the School or if the applicant cancels within three (3) business days after signing the Enrollment Agreement. **An applicant not requesting cancellation by his/her specified starting date will be considered a student.**
9. If a credit card was run to pay for the course, the fees associated with that transaction will be forfeited.
- 10. Cancellation must be made in person or by certified mail.**
11. Termination date for refund computation purposes is the last date of actual attendance by the student, unless earlier written notice is received.
12. Refunds will be made within 30 days of termination or receipt of cancellation notice.
13. Should a student be terminated or request cancellation of this Enrollment Agreement **after:**
 - a.) The third (3rd) business day, but before the first class, a refund of all monies paid (less \$100.00 registration fee) will be awarded.
 - b.) Entering the program of instruction, the refund will be determined by the number of classes attended.
 - c.) Completing eight (8) classes of instruction constitutes the FULL COURSE and the student is not entitled to any refund.
14. If the school cancels a course (full 36 hours) for whatever reason (class size, etc.), the student will receive a refund, or the student may apply toward another class at a later date. The minimum number of enrollees will be two (2) students.

Should an applicant/student cancel or is terminated for any reason all refunds will be issued according to the following policy and schedule based on **36 hour course**

3 week course is Monday-Thursday from 9:30-12:30 totaling 12 sessions

6 week course is held all day Fridays for 6 Fridays from 9:00-4:00 (1 hr lunch)

6 week course is held Tuesday and Thursday evenings from 6:00-9:00 totaling 12 session:

Class in the below chart refers to three hours of class time. Therefore attending one Friday course would be the equivalent of attending 3 classes.

| <u>Time of Withdrawal</u> | <u>Amount refunded</u> |
|---|------------------------|
| After attending 1 class - (1 class is one 3 hour session) | 90% of tuition paid |
| After attending 2 classes | 80% of tuition paid |
| After attending 3 classes | 70% of tuition paid |
| After attending 4 classes | 60% of tuition paid |
| After attending 5 classes | 50% of tuition paid |
| After attending 6 classes | 50% of tuition paid |
| After attending 7 classes | 50% of tuition paid |
| After attending 8 classes | NO REFUND |

Reserving a Seat

Once a deposit has been paid to reserve your seat you are agreeing to the dates you selected on page two of this enrollment form. If you need to change the dates you must notify the school in writing of this change. This notice must be given two weeks prior to the start of the class. Once the two weeks has passed the student will be out the registration fee (half of the deposited amount) and will have to pay the registration fee again to change dates. Students will only have the option of changing class dates one time.

Other terms and conditions

A student may be terminated for creating a safety hazard to other students, disobedient or disrespectful behavior to faculty or other students, unsatisfactory academic progress, poor attendance, unprofessional conduct, excessive absence or lateness, failure to pay fees when due, cheating, falsifying records, breach of enrollment agreement, entering school site while under the influence or effects of alcohol, drugs or narcotics of any kind, carrying a concealed or potentially dangerous weapon or sexual harassment or harassment of any kind. Terms of the refund policy will apply.

All of the procedures and policies of The Catalogue for The Dental Assisting Training School will apply to the Front Desk Course of instruction and any issue will default to those policies and procedures completely.

DATS **does not** guarantee employment after the completion of the program nor are credits earned transferrable to another educational institution.

I, _____, have read and understand the above refund policy.

Date

Signature

Student Information Form

This form is to be completed in addition to the enrollment agreement. This form is a requirement by the state to report the following information in our annual reports.

Name _____

Date _____

Town of residence _____

Home phone _____ Work phone _____

Gender: ___ Male ___ Female

Age group: ___ 17-22 ___ 23-28 ___ 29-35 ___ 36-42 ___ over 42

Ethnicity: ___ White ___ Asian/Pacific ___ African American ___ Hispanic ___ American Indian ___ 2 or more ethnicities

Are you a resident of South Carolina? ___ Yes ___ No

Highest level of education: ___ High school diploma or GED ___ A.S or A.A ___ BA/BS ___ Masters

Are you currently serving or have served in the Armed Forces? If yes, please list which branch

___ Yes _____ ___ No

Graduation information (to be completed by DATS)

___ did not start _____ Withdrew on _____

___ graduated on _____ dismissed on _____

___ Employed in field as _____ Location of employment _____

___ other job (not in industry) ___ whereabouts unknown ___ declined assistance