

**Louisiana Dental Assistant School, LLC  
Enrollment Contract**

Louisiana Dental Assistant School, LLC      1338 Church Street, Zachary, Louisiana 70791      225-658-8098

Date \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ A/C Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of Course Dental Assistant Training      Course Length(hours) 80

In consideration of my acceptance as a student for the Dental Assistant course as of the above date, I hereby enroll and obligate myself to pay to the order of Louisiana Dental Assistant School, LLC, \$2,450 dollars (\$2,450 to be paid as follows:

- A) \$2,450 upon signing this enrollment certificate
- B) \$750 upon signing this enrollment certificate and \$175 at the beginning of each session. (10 payments)
- C) \$525 upon signing this enrollment certificate and \$200 at the beginning of each session. (10 payments)

I choose Option \_\_\_\_\_.

Three-Business-Day Cancellation I understand that if for any reason I am unable to enter, all monies paid will be refunded if requested within three business days after signing an enrollment agreement and making an initial payment.

Cancellation after the three-business-day cancellation period but before commencement of classes by the student. Tuition or fees collected in advance of entrance and if the student does not begin classes, not more than \$150 shall be retained by the institution. Refunds for a student who does not begin classes shall be made within 30 days of the start of a term.

I understand that the WITHDRAWAL AFTER COMMENCEMENT OF CLASSES REFUND POLICY SHALL BE:

- (1) After a student has completed less than 15% of the course, the institution shall refund at least 80% of the tuition, less the registration fee and the workbook, thereafter,
- (2) After a student has completed less than one fourth of the course, the institution shall refund at least 70% of the tuition , less the registration fee and the workbook, thereafter,
- (3) After a student has completed one fourth but less than one half of the course, the institution shall refund at least 45% of the tuition, less the registration fee and the workbook, thereafter,
- (4) After the student has completed one half or more of the course, the institution may retain 100% of the stated course price.

I CERTIFY THAT I HAVE RECEIVED A COPY OF LOUISIANA DENTAL ASSISTANT SCHOOL, LLC, CATALOG WHICH CONTAINS: my course outline, schedule, tuition, books, fees and other charges, refund policy, regulations pertaining to rules of operation and conduct, grading policy, placement assistance, and general information. I FURTHER CERTIFY I have received and read a copy of this Enrollment Certificate and understand it is subject to representation only as expressed herein. I agree to comply with these policies during my period of enrollment in Louisiana Dental Assistant School, LLC.

Student \_\_\_\_\_

Enrollment Contract (continued)

High School Graduated from \_\_\_\_\_ Date \_\_\_\_\_

GED Tested \_\_\_\_\_

Special  
Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entrance Date \_\_\_\_\_

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Institution Approval \_\_\_\_\_ Date \_\_\_\_\_

Representative \_\_\_\_\_ Date \_\_\_\_\_