

**Sample Enrollment Agreement**  
(Put name, address, and telephone number of school here)

This Enrollment Agreement, Contract # \_\_\_\_\_ is between the above-named school and

STUDENT'S NAME \_\_\_\_\_

Address \_\_\_\_\_

Telephone (        ) \_\_\_\_\_ Email address: \_\_\_\_\_

The school agrees to provide the following training:

Course or program title: \_\_\_\_\_

Starting date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Program consists of \_\_\_\_\_ weeks x \_\_\_\_\_ hours per week = \_\_\_\_\_ total hours.

**This training will cost:**

Registration fee.....	\$ _____
Tuition costs .....	\$ _____
Books .....	\$ _____
Supplies .....	\$ _____
Materials.....	\$ _____
List any other fees/charges .....	\$ _____
.....	\$ _____
.....	\$ _____
Interest (if any) .....	\$ _____
<b>TOTAL COST FOR THE COURSE</b> .....	<b>\$ _____</b>
Down payment.....	\$ _____
Monthly payments .....	\$ _____

**Agreement is Binding:**

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

**Changes in the Agreement:**

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student's parent or guardian if he/she is a minor.

**Effective Date of Acceptance:**

I certify that I have read and understand the cancellation and refund policy and the complaint procedure; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign. I hereby agree to abide by the conditions set forth herein.

**Cancellation and Refund Policy for Resident Training Programs:**

1. The school must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
2. The school must refund all money paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A “registration fee” is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (c) of this subsection, plus a percentage of the total tuition as described in the following table:

<b>If the student completes this amount of training:</b>	<b>The school may keep this percentage of the tuition cost:</b>
One week or up to 10%, whichever is less	10%
More than one week or 10% whichever is less but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:
  - (a) When the school receives notice of the student’s intention to discontinue the training program; or,
  - (b) When the student is terminated for a violation of a published school policy which provides for termination; or,
  - (c) When a student, without notice, fails to attend classes for thirty calendar days.
6. All refunds must be paid within thirty calendar days of the student’s official termination date.

**Discontinued Programs:**

If the school discontinues instruction in any program after students enter training, including circumstances where the school changes its location, students must be notified in writing of such events and are entitled to a pro-rata refund of all tuition and fees paid unless comparable training is arranged for by the school and agreed upon, in writing, by the student. A written request for such a refund must be made within 90 days from the date the program was discontinued or relocated and the refund must be paid within 30 days after receipt of such a request.

**Termination by the School:**

A student who fails to maintain satisfactory progress, violates safety regulations, interferes with other students’ work, is disruptive, obscene, under the influence of alcohol or drugs, or does not make timely tuition payments, is subject to immediate termination.

**Cancellation of Classes:**

The school reserves the right to cancel a starting class if the number of students enrolling is insufficient. Such a cancellation will be considered a rejection by the school and will entitle the student to a full refund of all money paid.

**Notice to Buyer:**

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

**Cancellation of contract:**

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract, which notice shall be submitted not later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

**Unfair business practices:**

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

Student's Name \_\_\_\_\_  
(Please print)

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

Parent or Guardian's Name \_\_\_\_\_  
(Please print)

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

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

Authorized School Representative \_\_\_\_\_  
(Please print name)

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

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this or any other private vocational school may be made to the Workforce Training and Education Coordinating Board, 128 Tenth Avenue SW, PO Box 43105, Olympia, Washington 98504-3105 (360/753-5673).