

ENROLLMENT AGREEMENT

Caring For Life

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Jacksonville, NC 28540 Castle Hayne, NC 28429
Office: (910) 989-2273 Fax: (910) 809-4996
www.caringforlifenc.com

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #'S: H: _____ **C:** _____

E-MAIL: _____

SOCIAL SECURITY #: _____ **Birthdate:** _____

License/ ID #: _____ **St** _____ **Exp** _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ **TELEPHONE #:** _____

High School/Secondary Education Information

High school graduation status (choose one)

- graduated from high school or expect to graduate from high school prior to enrollment (complete Part A)
- did not graduate from high school but have General Educational Development Diploma (GED) (complete Parts A and B)
- did not graduate from high school but have Adult High School Diploma (complete Parts A and C)
- did not graduate from high school and have no high school equivalency (stop here and contact the Admissions Office at 910-938-2273)

If you plan to enter an academic program, a transcript or copy of certificate of high school equivalency is required from the school/agency awarding the high school diploma or equivalency.

Active Duty Military and Active Duty Military Dependents

Information

This section should be completed by all active duty military personnel and all dependents of active duty personnel regardless of legal residency.

Complete the section that is applicable. Give complete answers to all items.

Active duty military status

Are you currently active duty military? ()yes ()no

(If yes, complete Part A only)

Are you currently a dependent of active duty military personnel stationed in NC? ()yes ()no

(If yes, complete Part B only)

Part A - Active Duty Military

Anticipated active duty separation date _____

State of residence as indicated on your LES _____

Your branch of service () Air Force () Army () Coast Guard () Marine Corps () Navy

Name and location of your unit

Part B - Active Duty Military Dependents

What is your relationship to your sponsor? () husband () wife () child () other

(specify)

Do you live with your sponsor? () yes () no

Your sponsor's name

Last

First

Middle

Last name at birth _____

Anticipated active duty separation date _____

State of residence as indicated on your LES _____

Your branch of service () Air Force () Army () Coast Guard () Marine Corps () Navy

Name and location of your unit

PROGRAM INFORMATION

DATE OF ADMISSION: ____ / ____ / ____ PROGRAM/COURSE: _____
MO. DAY YR.

PROGRAM START DATE: _____ ANTICIPATED END DATE: _____

ONLINE ____ DAY ____ EVENING ____

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sat Sun

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____

TUITION

THE TOTAL COST OF THE _____ PROGRAM

TUITION: \$ _____ (Includes NON-REFUNDABLE FEES per the refund policy)

BOOKS/SUPPLIES: \$ _____

UNIFORM: \$ _____

MISC. EXPENSES: \$ _____

TOTAL COST \$ _____

CANCELLATION REFUND POLICY

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Withdrawal Procedure: A student who chooses to withdraw from the school is to provide a written notice to the Director of the school. If after the commencement of instruction, the notice must include the expected last date of attendance and be signed and dated by the student.

Tuition Refund Policy: A refund shall not be made except under the following circumstances.

- a) A 100 % refund shall be made if the student officially withdraws in writing prior to the first day of class date as noted on the application/course registration.
- b) A 75 % refund of the total course fee (not including the \$50 enrollment fee, \$20 student insurance fee, and \$30 technology fee) shall be made if the student officially withdraws in writing from the class within the first twenty-five percent (25%) of the total instructional hours of the program in which the student is enrolled

- c) A written withdrawal must be submitted within 3 calendar days of the last date of attendance to be eligible for a refund.
- d) All refunds will be issued to the student who officially withdraws in writing no later than 4 weeks from the receipt of the approved written withdrawal.

Other Cancellations:

A student who is unable to attend the class they are registered for due to illness, family emergency, or military orders may apply their \$50 enrollment fee or 100% of the paid course fee to the next available open class date at no additional charge and with no loss of the original fee. Documentation may be requested to show evidence of the request.

NOTICE TO BUYER:

- 1. Do not sign this agreement before you have read it or if it contains any blank spaces.
- 2. This agreement is a legally binding instrument. Both sides of the contract are binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school’s principal place of business. Read both sides before signing.
- 3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
- 4. This agreement and the school catalog constitute the entire agreement between the student and the school.
- 5. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
- 6. The school reserves the right to reschedule the program start date when the number of students scheduled is too small.
- 7. The school reserves the right to terminate a student’s training for unsatisfactory progress, nonpayment of tuition, or failure to abide by established standards of conduct.
- 8. The school does not guarantee the transferability of credits to a college, university, or institution. Any decision on the comparability, appropriateness, and applicability of credit and whether they should be accepted is the decision of the receiving institution.

STUDENT ACKNOWLEDGMENTS:

- 1. I hereby acknowledge the opportunity to review the school’s catalog dated _____ (*Current School Year*), which contains information describing programs offered, and equipment/supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have reviewed a copy of this catalog.

_____ **Student initials**

- 2. I have carefully read and been advised I can receive an exact copy of this enrollment agreement.

_____ **Student initials**

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. 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 may be awarded.

_____ **Student initials**

4. I understand that the Institution intends that all courses of study be fully accessible to all qualified students. Reasonable accommodations for verified disabilities are available upon request. I must take the responsibility to make my disability known and request academic adjustments or auxiliary aids and that documentation of disability may be required. Requests for information and assistance should be made to the Program Director.

_____ **Student initials**

5. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

_____ **Student 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 Caring For Life, Inc.

My signature below signifies that I have read and understand all aspects of this agreement and do recognized my legal responsibilities in regard to this contract.

Signed this _____ day of _____, 20 _____
(day) (month) (year)

Signature of Student **Date**

Signature of School Official **Date**