

ENROLLMENT AGREEMENT

Caring For Life

618A Court St.
Jacksonville, NC 28540

1915 N. County Drive
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 #: _____

If you plan to enter an academic program at Caring for Life, you must provide a transcript or a copy of your high school equivalency certificate issued by the school or agency that awarded it, prior to enrollment. High school and college diplomas will not be accepted.

High School/Secondary Education Information

High School Graduation Status

(Select one option below and complete the corresponding sections on the next page)

- ☐ 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**)

Complete the section(s) that correspond with your selection on the previous page.

Part A - High School Last Attended (regardless of graduation status)

Type of school

() public () private () home school () other

High School _____

City

County

State

Date of high school graduation (actual or expected) _____

Date of last attendance (non-graduate) _____

Part B - School/Agency Awarding General Educational Development Diploma (GED)

Type of school

() Community college () University () State/government agency () other

School/Agency _____

City

County

State

Date General Educational Development Diploma (GED) awarded _____

Part C - School/Agency Awarding Adult High School Diploma

Type of school

() Community college () University () State/government agency () other

School/Agency _____

City

County

State

Date Adult High School Diploma awarded _____

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

Please see school catalog for more details.

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

Withdrawal Procedure: Students who choose to withdraw must complete a withdrawal form and submit it to the Program Director. If withdrawal occurs after instruction begins, the official withdrawal date is the last day of attendance (in class or online) and determines tuition refund eligibility. Students who do not submit the form or notify the school within 4 calendar days of their last attendance will be considered dropped, and standard tuition policies will apply.

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

- a) A full refund (100%) will be issued if a student withdraws or is officially withdrawn by the school prior to the first day of class.
- b) A full refund (100%) will be issued if the school cancels the class in which the student is enrolled.

- c) A seventy-five percent (75%) refund, excluding any non-refundable fees, if the student officially withdraws or is withdrawn by the school in writing within the first twenty-five percent (25%) of the total instructional hours of the program in which the student is enrolled.
- d) A written withdrawal must be submitted within 4 calendar days of the last date of attendance to be eligible for a refund.

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 course deposit 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. Required documentation and a written explanation must be submitted to the Program Director within one week. If the student is unable to complete the rescheduled class, all refund rights and course fees will be forfeited.

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