



Smokey Point Institute of Dental Assisting

**Enrollment Agreement**

This Enrollment Agreement, Contract # \_\_\_\_\_ is between the  
Smokey Point Institute of Dental Assisting and Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The school agrees to provide the following training: Full hands on dental  
assistant training.

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

Program consists of 9.5 clock hours 1 x per week = 140 total hours

**The Training will cost:**

Registration fee.....INCLUDED

Tuition costs.....\$\_\_\_\_\_

Books, Supplies, and Materials..... INCLUDED

List any other fees/charges/interest..... NONE

TOTAL COST OF THE COURSE..... \$\_\_\_\_\_

Payment: Check\_\_\_\_\_ Credit Card\_\_\_\_\_ Cash\_\_\_\_\_ Care Credit\_\_\_\_\_

Scholarship \_\_\_\_\_ Third Party (e.g. VA, Voc. Rehab, L&I, Employer)\_\_\_\_\_

List third party payer: \_\_\_\_\_



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Payment Amount: \_\_\_\_\_ Date Paid in Full: \_\_\_\_\_

**AGREEMENT IS BINDING**

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

**CHANGES IN THIS AGREEMENT**

Any changes in this agreement shall not be binding on either the student or the school unless such changes have been acknowledged in writing by the chief administrative officer or 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/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. I certify that (1) I have read and understand the cancellation and refund policy and the complaints procedure and, (2) I have received a copy of the school catalog or brochure and, (3) I am entitled to an exact copy of this enrollment agreement, school catalog, or any other papers I may sign. I hereby agree to abide by the conditions set forth herein.

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Student's Signature

Program Director Signature

**CANCELLATION AND REFUND POLICY**

**Refund Before Entering Classes:**

- (1) A full refund of all money paid if the school does not accept the applicant.
- (2) A full refund of all money paid if the applicant withdraws not later than midnight on the fifth business day (excluding Sundays and holidays) after signing the contract or making an initial payment, provided that the applicant has not commenced training.
- (3) After five business days (excluding Sundays and holidays), the school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less. "Registration Fee" refers to any fee however named, covering



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those expenses incurred by an institution in processing student applications and establishing a student records system.

### **Official Termination Date:**

The official date of termination of a student shall be the last date of the recorded attendance when withdraw occurs in any of the following manners:

- (1) When the school receives notice of the student's intention to discontinue the training
- (2) When the student is terminated for a violation of a published school policy which provides for termination
- (3) When a student, without notice to the institution, fails to attend classes for 30 calendar days.

### **REFUND AFTER ENTERING CLASSES:**

If training is terminated after entering classes, the student is financially obligated to the school according to the following formulas or maximum charges: If you terminate during first week or 10 percent of contracted instructional time, whichever is less, school may retain 10 percent of tuition cost plus registration fee (equal to 10 percent of the total tuition cost, or \$100.00, whichever is less).

- (1) If you terminate after the first week or 10 percent of the contracted instructional time, whichever is less, but prior to completion of 25 percent of contracted instructional time, the school may retain 25 percent of the tuition costs plus registration fee (equal to 10 percent of the total tuition cost, or \$100.00, whichever is less)
- (2) Termination after completion for the first 25 percent and up to and including 50 percent of contracted instructional time. School may retain 50 percent of the tuition cost plus registration fee (equal to 10 percent of the total tuition cost, or \$100.00, whichever is less).
- (3) Termination after completion of more that 50 percent of contracted instructional time, school may retain the full tuition cost plus established registration fee, (equal to 10 percent of the total tuition cost, or \$100.00, whichever is less).

### **DISCONTINUED PROGRAMS:**

If Smokey Point Institute for Dental Assisting discontinues instruction after students enter training, including circumstances where school changes its location, students must be notified in writing in advance of such events and be informed that they are entitled to request a pro-rata refund of tuition and fees paid; unless comparable training is arranged for by the school and agreed upon, in writing, by the student. A written request from the student for such a



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refund must be made within 90 days from when the program was discontinued and the refund must be paid within 30 days after receipt of a request.

**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 of proving service rests on the sender.

**UNFAIR BUSINESS PRACTICES**

It is 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 parents or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy is to apply.

Student's Name \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

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

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

Authorized School Representative: \_\_\_\_\_

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



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Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCQ 23C.10. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual enrollment agreement and a copy must be provided to the enrollee by the school.

**ACKNOWLEDGEMENT BY ENROLLEE**

- 1.) I understand and accept that any contract for training I enter into with the above names school contains legally binding obligations and responsibilities.
- 2.) I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
- 3.) I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last day such a contract is signed by the school and me, provided that I have not entered classes sooner.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**ACKNOWLEDGEMENT BY SCHOOL**

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Signed: \_\_\_\_\_



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Title: \_\_\_\_\_

Date: \_\_\_\_\_

**HOW TO FILE A COMPLAINT**

Washington law requires private vocational schools to inform students how to file a complaint. By signing this form you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with the information about the complaint process.

**DISCUSSION ABOUT COMPLAINT POLICY REQUIRED**

First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

**ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT**

1. The school has described the grievance and/or complaint policy to me.
2. I understand that the policy can also be found in the school catalog.
3. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
4. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are:  
<http://wtb.wa.gov/PCS Complaints.asp>.
5. I understand that I have one year to file a complaint from my last date of attendance.
6. I further understand that in the event of a school closure, I have 60 days to file a complaint.
7. I also understand that complaints are public records.
8. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at <http://wtb.wa.gov/PCS Complaints.asp>

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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Date: \_\_\_\_\_, 20\_\_\_\_\_

**ACKNOWLEDGMENT BY SCHOOL**

Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school's complaint policy.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_

This school is licensed under Chapter 28C.10RCW. Inquiries or complaints regarding this private vocational school may be made to:

Workforce Training and Education Coordinating Board

128 – 10<sup>th</sup> Avenue Southwest

Olympia, Washington 98504

360-709-4600

[pvsa@wtb.wa.gov](mailto:pvsa@wtb.wa.gov)

SPIDA

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