



# Pearl Dental Care Academy

4980 Barranca Pkwy #203, Irvine, CA 92604 (949) 551-5805  
4550 Lark Ellen Ave. #104, Covina, CA 91722 (626) 331-8041

## Enrollment Agreement

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Scheduled Start Date \_\_\_\_\_ Scheduled Completion Date \_\_\_\_\_

You are enrolling in the following program(s):

- Dental Assisting, Chairside 80 Hours
- Front Office Professional 80 Hours
- RDA Test Preparation Course \_\_\_\_\_ Hours

Course Name	Total Hours	Registration Fee	Tuition	Texts and Materials	Total Charges
Chair Side Dental Assisting	80	\$100	\$2750	\$100	\$2950
Dental Front Office Assistant	80	\$100	\$2750	\$100	\$2950
RDA Test Preparation Course					

### Refund Policy

The student has the right to cancel the enrollment agreement and obtain a refund. You may cancel this agreement and receive a refund by providing a written notice to the School Director at the above address. The registration fee is non-refundable Cancellation before the scheduled start date: 90% tuition refund. Thereafter, pro-rated tuition refunds will be made per the following schedule:

If the student withdraws during the first 8 hours of instruction, 80% of the tuition charge is refunded.  
If the student withdraws during the 9<sup>th</sup> to 16<sup>th</sup> hour of instruction, 70% of the tuition charge is refunded.  
If the student withdraws during the 17<sup>th</sup> to 24<sup>th</sup> hour of instruction, 60% of the tuition charge is refunded.  
If the student withdraws during the 25<sup>th</sup> to 32<sup>nd</sup> hour of instruction, 50% of the tuition charge is refunded.  
If the student withdraws during the 33<sup>rd</sup> to 40<sup>th</sup> hour of instruction, 40% of the tuition charge is refunded.  
Thereafter, no refunds are due.

### TOTAL AMOUNT \_\_\_\_\_ (This is the amount required to complete the program.)

My signature below certifies that I have read, understood and agreed to my rights and responsibilities and that the institution's cancellation and refund policies have been clearly explained to me. I acknowledge that this is not a public school. This is a legally binding instrument when signed by the student and accepted by the school. I understand that, immediately upon signing this enrollment agreement, I will receive a copy for my records. I hereby agree to the terms and conditions of this enrollment agreement.

**X** \_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
School Official's Signature

\_\_\_\_\_  
Date Signed