

ENROLLMENT AGREEMENT

Atlanta Academy of Dental Assisting
2864 Johnson Ferry Rd, Suite 250
Marietta, GA 30062
(678) 687-2617

STUDENT ENROLLMENT AGREEMENT: Dental Assistant

| | | |
|---------------------|----------------|---------------|
| Name | First: | Last: |
| <hr/> | | |
| Street Address | | |
| <hr/> | | |
| City/State/Zip | | |
| <hr/> | | |
| Email Address | | |
| <hr/> | | |
| Phone | | |
| <hr/> | | |
| Date of Birth | | |
| <hr/> | | |
| Social Security | Last 4 digits: | |
| <hr/> | | |
| Emergency Contact | First: | Last: |
| <hr/> | | |
| Phone/ Relationship | Phone: | Relationship: |
| <hr/> | | |

The above listed school and student enter into agreement under which the student will pay tuition and fees as indicated below as well as adhere to the school's rules and regulations as set forth in the school catalog. The academy is authorized by the Georgia Nonpublic Post-Secondary Education Commission. Late registration will not be accepted once classes have begun. Prior year's enrollment, graduation, job placement statistics and accreditation status can be found at the following link: <https://atlantaregional.org/workforce-economy/services-for-employers-trainers/training-provider-resources>.

Atlanta Academy of Dental Assisting

PROGRAM INFORMATION

| | | |
|------------------------------|--|--|
| Program | Dental Assisting | |
| How did you hear about us? | | |
| Today's Date | | |
| Program Length | 20-week program:180 Instruction hours, 40 hours externship | |
| Start Date | | |
| End Date | | |
| Select Class Section | Morning/Evening | Class Day: Monday, Tuesday, Wednesday, or Thursday |
| Scrub (XS/S/M/L/XL/XXL/XXXL) | Top | Bottom |
| Tuition Payment Selection | WIOA Grant: | |
| | Student Financing: | |
| | Full Payment | |
| | (Credit card, debit card, cash, or check) | |
| WIOA Only* | County: | |
| | Advisor's Name: | |
| | Advisor's Email: | |
| Office Hours | 9:00 AM - 5:00 PM. Monday - Friday | |

Atlanta Academy of Dental Assisting

TUITION AND FEES

| | |
|---------------------------------|-----------------|
| Tuition | \$ 4,500 |
| Scrubs (non-refundable) | \$ 100 |
| Portal/Books | \$ 116 |
| Lab Maintenance/Clinic Supplies | \$ 1997 |
| CPR | \$87 |
| PPE | \$200 |
| Program Total | \$ 7,000 |
| | |
| Deposit Amount | \$ |
| Remaining Tuition Balance | \$ |

ATTENDANCE POLICY

Instructors take roll at the beginning of each class lecture and clinic. Students arriving to class more than five (5) minutes late are considered tardy. After a student accumulates three (3) tardy warnings, they will receive one (1) absence.

It is highly recommended that the students attend all classes due to the concentrated learning structure of the course. Except for family emergencies and serious illness, students should plan on attending all classes. After three missed classes, the student will be terminated from the program. Refunds do not apply when a student is dropped by the school for attendance.

Students are required to complete 40 hours internship/externship in a dental office of their choice. Internship/externship hours are mandatory.

Atlanta Academy of Dental Assisting

REFUND/CANCELLATION POLICY

Students have 72 hours from the date of the enrollment agreement to cancel or rescind any agreement to become a student at the Atlanta Academy of Dental Assisting. In the event of any such cancellation or rescission, the student shall receive a refund of the total tuition and fees, (not including uniform cost), paid toward tuition at the time of the execution of the enrollment agreement. Students must follow the following steps to withdraw and receive any refunds.

1. Students wishing to withdraw must send an email to c.oliver@atldentalassistant.com requesting a withdrawal form.
2. Students must sign and complete a withdrawal form and submit that form to the president of the campus.
3. Student shall return any items or equipment to the school.
4. Student understands that the withdrawal form date will be used as the last date of enrollment to calculate any refunds.

Students requesting to withdraw for illness or personal reasons may resume their course of study in the next class series. They may repeat the completed sessions if desired or pick up where they left off. If a student wishes to withdraw and not return to the course, they must send an email to c.oliver@atldentalassistant.com requesting a withdrawal form and follow the instructions to withdraw.

Refunds are granted at a prorated percentage based on the amount of the program completed, up to 50%. For example, in cases where tuition has been paid in full. If 20% of the program has been completed, they are due back an 80% refund (when paid in full). Amounts due for refunds are paid within 45 days of the withdrawal.

If students are being financed, they will follow the refund and cancellation policies outlined by their financing company. There is no refund for students that have completed more than 50% of the program.

CAREER SERVICES

Atlanta Academy of Dental Assisting will direct and manage career services as it aims to assist all students and alumni with the search for a position as a dental assistant.

The students, with the help of their instructors, perform mock interviews to get the students prepared. The students are required to put together a folder with a resume and cover letter with a list of questions for the employer to prepare for the job search.

Atlanta Academy of Dental Assisting will assist with the preparation of the student resume. Atlanta Academy of Dental Assisting cannot guarantee employment.

Atlanta Academy of Dental Assisting

COMPLAINTS

Students can file a complaint in writing via email addressed to the campus president. Complaints should be sent to info@atldentalassistant.com. The president will review and respond to all complaints within 24 hours.

After submitting a complaint, the president will make sure the situation is resolved in the best way possible for all parties in a timely fashion. If the student is unhappy with the decisions from the president, the student has the right to submit the complaint through the GNPEC complaint portal.

<https://gnpec.georgia.gov/student-resources/complaints-against-institution>.

GNPEC Office
2082 E. Exchange Place
Tucker, GA 30084
Phone- 770-414-3300

DISCLAIMER AND SIGNATURE

STUDENT'S SIGNATURE: _____ DATE: _____

PRINT STUDENT'S NAME: _____

SCHOOL OFFICIAL'S SIGNATURE: _____ DATE: _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance, I understand that false or misleading information in my agreement may result in my release.

GNPEC Student Disclosure Form

Atlanta Academy of Dental Assisting | 365 Villa Rica Way SW, Suite 100, Marietta Ga, 30064

I. Enrollment Agreement & Catalog

I have read and received a copy of the enrollment agreement, or equivalent document, and the school catalog. I understand that the terms and conditions of these documents are not subject to amendment or modification by oral agreements.

____ Student's Initials

2. School Outcomes

I have read and received a copy of the school's self-reported, unaudited retention, graduation, and placement rates for the preceding year as well as the most recent Georgia licensure test results, if applicable, for the program I am entering.

____ Student's Initials

3. Employment

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment to earn a specific salary range upon graduation.

____ Student's Initials

4. Refund Policy

I have reviewed the refund policy provided in the catalog and am aware that the institution attests to the fact that this policy meets the Minimum Standards set forth by the Georgia Nonpublic Postsecondary Education Commission.

____ Student's Initials

5. Complaint Procedure

I have reviewed the complaint procedure provided in the catalog and am aware that, after exhausting the institution's procedure. I have the right to appeal the institution's complaint determination to the Georgia Nonpublic Postsecondary Education Commission.

____ Student's Initials

6. Authorization and Accreditation Status

I understand that the institution in which I am enrolling has been issued a Certificate of Authorization by the Georgia Nonpublic Postsecondary Education Commission. This status indicates that the institution has met the Minimum Standards established by Georgia Code (§20-3-250.6). Although authorized, I understand that this institution is not accredited by a U.S.-based accrediting association recognized by the United States Secretary of Education: therefore, I am not eligible for Federal Student Aid. Additionally, as is the case with all postsecondary institutions, both accredited and unaccredited, there is no guarantee that my credits will transfer to another institution.

Student _____

Date: _____

Student Signature

School Official Signature

School Representative's Signature: _____ Date: _____

**Student must receive a copy of this form, and a copy must be kept in the student's file.*