

SAINT JOSEPH'S SCHOOL OF NURSING – ENROLLMENT AGREEMENT
816 West Lancaster Blvd., Lancaster, CA 93534 | P: 661.726.5060 F: 661.951.9170 | www.stjson.edu

| | | | |
|--|----------|---|---|
| PLEASE PRINT OR TYPE | | <input type="checkbox"/> New Student | <input type="checkbox"/> Re-Entry Student |
| Applicant Legal Name _____ | | | |
| (First) | (Middle) | (Last) | |
| Social Security (last four digits) # _____ | | Date of Birth _____ - _____ - _____ | |
| Home Telephone: (____) _____ - _____ | | Work: (____) _____ - _____ Cell: (____) _____ - _____ | |
| Address _____ | | City _____ | State _____ Zip _____ |
| E-Mail _____ | | | |

A. EDUCATIONAL SERVICE

Program Name: _____ Total Clock Hours: _____

Hours are from _____ to _____ on the following days of the week: Mon, Tues, Wed, Thurs, Fri, Sat, Sun

Enrollment Agreement Period - Start Date: _____ Completion Date: _____

Enrollment Agreement Period Program - Start Date: _____ Program Scheduled Completion Date: _____

B. ITEMIZATION & TOTAL TUITION FEES

| Program | Registration Fee | Live Scan | Drug Screen | Student Tuition Recovery Fund Fee* | Tuition | Uniform* * | Lab Supplies | Textbooks & Workbooks | CPR | Testing Fee |
|--|------------------|----------------|----------------|------------------------------------|------------|------------------------------|------------------------------|------------------------------|----------------|--|
| | Non-Refundable | Non-Refundable | Non-Refundable | Non-Refundable | | Non-Refundable upon receipt. | Non-Refundable upon receipt. | Non-Refundable upon receipt. | Non-Refundable | Non-Refundable when paid to 3 rd Party. |
| <input type="checkbox"/> Nurse Assistant Training | \$55 | \$50 | \$50 | \$0 | \$1,030.05 | \$89.97 | \$29.99 | \$200 | \$49.99 | \$100 |
| <input type="checkbox"/> Home Health Aide Training | \$55 | \$50 | \$50 | \$0 | \$370.01 | \$29.99 | \$5 | \$100 | \$0 | \$0 |

*\$0 for every \$1,000 rounded to the nearest \$1,000. **2 sets of Scrubs & 1 Jacket.

ESTIMATED DUE FOR THE ENTIRE PROGRAM \$ _____ ***

TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE \$ _____

CHARGES DUE UPON ENROLLMENT \$ _____

*****YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST, LESS THE AMOUNT OF ANY REFUND.**

Additional Fees, as applicable: Transcript \$10 each, Transcript rush \$20 each, ID card replacement \$10 each, Duplicate Certificate of Completion \$10 each, Replacement Scrub Set \$29.99 each, Replacement Uniform Jacket \$59.98 each, Late Payment \$25.

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED PURCHASER OF THE PROGRAM OF TRAINING, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS AGREEMENT, A COPY OF THE SCHOOL CATALOG AND SCHOOL PERFORMANCE FACT SHEET. I FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS AGREEMENT. **THIS ENROLLMENT AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.**

I understand that this is a legally binding contract. 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.

Signature of Student _____ Date _____

Signature of Student's Parent or Guardian (if student is under age 18) _____ Date _____

Signature and Title of School Official Accepting Enrollment _____ Date _____

C. PAYMENT

Tuition and fees are due no later the start of the first day of class for the Nurse Assistant and Home Health Aide program, unless payment arrangements have been agreed too.

THE FOLLOWING CREDITS ARE BEING APPLIED TO THE BALANCE DUE UPON ENROLLMENT:

- Cash** \$ _____
 Transfer of Credit \$ _____
 Other \$ _____ Describe _____

Balance After Credits: \$ _____

PAYMENT AGREEMENT:

First installment of \$ _____ due on the _____ Second installment of \$ _____ due on the _____

Note: Tuition payments should be made in person at the Administration Office during regular office hours or mailed prior to the due date. Payments not received by the due date will be considered late and will be charged a \$25.00 late fee.

Signed: _____ Date _____ Signed: _____ Date _____
Signature of Applicant School Official/Title

D. REFUND POLICY

STUDENT'S RIGHT TO CANCEL

Students have the right to cancel their agreement for a program of instruction, without any penalty or obligations, through attendance at the first class session or the seventh calendar day after enrollment, whichever is later.

Cancellation of the agreement can occur through: _____
Date

Cancellation may occur and may be documented in any manner. If the student provides a written notice of cancellation it can be provided to the following address: 816 West Lancaster Blvd, Lancaster, CA 93534. This can be done by mail or by hand delivery.

The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with proper postage. The written notice of cancellation need not take any particular form and, however expressed, it is effective if it shows that the student no longer wishes to be bound by the Enrollment Agreement.

If the Enrollment Agreement is cancelled, by the applicant, or the applicant does not show or start attending the program, or is not accepted the school the school will refund the student any money he/she paid, less the registration fee not to exceed \$55.00 and less any deduction for uniform, supplies and textbooks provided not returned in new condition within 14 days after the notice of cancellation is received. Any refund due based on cancellation will be provided within 45 days of cancellation.

If the Enrollment Agreement is cancelled by the school due to the program start date being cancelled the student will receive a refund of all money he/she paid.

WITHDRAWAL FROM THE PROGRAM

Students may withdraw from the school at any time after the cancellation period (described above) and receive a pro rata refund if they have completed 60 percent or less of the scheduled hours in in their program through the last day of attendance. The refund will be less the registration fee not to exceed \$55.00. If the student has completed more than 60% of the scheduled hours for which the student was charged, the tuition is considered earned and the student will receive no refund.

For the purpose of determining a refund under this section, a student may be deemed to have withdrawn from a program of instruction when any of the following occurs:

- The student notifies the institution of the student's withdrawal or as of the date of the student's withdrawal, whichever is later.
- The institution terminates the student's enrollment for failure to maintain satisfactory progress; failure to abide by the rules and regulations of the institution; absences in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the School.

For the purpose of determining the amount of the refund required by the Bureau for Private Postsecondary Education, the date of the student's withdrawal shall be deemed the last date of recorded attendance. The amount owed equals the hourly charge for the program (total institutional charge, minus non-refundable fees, divided by the number of hours in the program), multiplied by the number of hours scheduled to attend, prior to withdrawal. If any refund is due it will be provided within 45 days of withdrawal.

If any portion of the tuition was paid from the proceeds of a loan or third party, the refund shall be sent to the lender, third party or, if appropriate, to the state or federal agency that guaranteed or reinsured the loan. Any amount of the refund in excess of the unpaid balance of the loan shall be first used to repay any student financial aid programs from which the student received benefits, in proportion to the amount of the benefits received, and any remaining amount shall be paid to the student. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

BE SURE TO READ ALL PAGES OF THIS AGREEMENT. IT IS PART OF YOUR CONTRACT WITH THE SCHOOL.
Revision Date: June 20, 2018 **Page 2 of 3** _____ **(Initial)**

UNDERSTANDINGS

INITIAL

1. **Location of Instruction:** 816 West Lancaster Blvd., Lancaster, CA 93534.
2. **Enrollment Agreement:** All admission activities and instruction occurs in English. If a prospective student is accepted for admissions based on documented English skills and his or her primary language is not English, the student has the right to obtain a clear explanation of the terms and conditions of this agreement and cancellation and refund policies in his or her primary language, at his or her expense by a translation service of his or her choosing prior to execution of the enrollment agreement.
3. **NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION:** The transferability of credits you earn at Saint Joseph’s School of Nursing is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in _____ program is also at the complete discretion of the institution to which you may seek to transfer. If the credits or certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Saint Joseph’s School of Nursing to determine if your credits or certificate will transfer.
4. **Graduation:** Minimum graduation requirements are: complete all clock hours, graduate with cumulative minimum grade point average 75% - “C” and tuition and fees are paid in full.
5. **Career Services:** Career Services assistance may be provided. **However, it is understood that neither Saint Joseph’s School of Nursing nor any of its agents, employees, or representatives can nor do promise or guarantee employment or a given level of income or wage rate to any student or graduate.**
6. **Questions:** Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.
7. **Complaints:** A student or any member of the public may file a complaint about this institution with Bureau for Private Postsecondary Education by calling 888.370.7589 toll-free or by completing a complaint form, which can be obtained on the bureau’s Internet Web site, www.bppe.ca.gov.
8. **Loan:** If a student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:
 - a. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
 - b. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.
9. **Student Tuition Recovery Fund:** The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

NOTICE

YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

Initial

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.