415 E. 12th Street, Oakland, CA 94606 (510) 444-6488

www.kscusa.us

(Classroom Instruction is provided at the above address)

# **Enrollment Agreement**

(Effective on 04-01-24)

Student Name	Student I.D.	D.O.B	
Address	City	State Zip	
Home Phone	Cell Phone	Country	
Email Address			
Program Start Date	Program	Completion Date	
	Period Covered by this Enrolli	ment Agreement	
Scheduled Start Date	Schedule	ed Completion Date	
Program Name		<b>Length in Hours</b>	
BARBER CROSSOV	ER	400	

### STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. 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.

#### **Classroom Programs:**

A notice of cancellation for the current term or from the school shall be in writing and submitted to the school administrative office. A withdrawal for the current term or from the school may be effectuated by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance. The institution shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars (\$250).

The institution shall issue a refund for unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund. The institution shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.

### **Attendance Policy:**

This institution requires that a student attend a minimum of 80% of scheduled class, laboratory and other such assigned hours.

**Notice:** For students in which English is not their primary language, an enrollment agreement is provided in the Vietnamese language.

## **Student Tuition Recovery Fund Disclosures**

STRF Fee charges fifty cents (\$0.00) per 1,000.00 dollars

A qualifying institution shall include the following statement on both its enrollment agreement for an educational program and its current schedule of student charges:

"You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

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 either by cash, guaranteed student loans, or personal loans, and

Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

"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."

(b) In addition to the statement described under subdivision (a) of this section, a qualifying institution shall include the following statement on its current schedule of student charges:

"The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by student in educational programs at a qualifying, 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 and economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be on your behalf, if you are student in a student in an educational program, who is a California residency program, or are enrolled in a residency program, and prepay all or part of your tuition."

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

The school closed before the course of instruction was completed.

The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.

The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.

There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.

An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act."

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

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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, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

## **Refund Policy**

The amount owed to the student equals the institutional charge for the instruction divided by the total number of clock hours in the period of attendance multiplied by the number of clock hours the student has not attended prior to withdrawal. No refunds are due once the student has received 60% of the clock hours of instruction in any given period of attendance.

For purposes of determining a refund, a student shall be considered to have withdrawn from an educational program when he or she withdraws or is deemed withdrawn in accordance with the withdrawal policy stated in this institution's catalog.

You must exercise your right to cancel or withdraw on or before this date:

If an institution has collected money from a student for transmittal on the student's behalf to a third party for a bond, library usage, or fees for a license, application, or examination and the institution has not paid the money to the third party at the time of the student's withdrawal or cancellation, the institution shall refund the money to the student within 45 days of the student's withdrawal or cancellation.

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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 1747 North Market Blvd., Suite 225, Sacramento, CA 95834, www.bppe.ca.gov (916) 574-8900 (fax) (916) 263-1897.

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#### **Notice:**

Total Program Tuition	\$_ 2,000.00		
Total Materials, Supplies, Media, Textbook	\$325.00	(non refundable)*	
Registration fee	\$75.00	(non refundable)	
Uniforms or other special protective clothing Student Tuition Recovery Fund (STRF)	\$100.00 \$ 0.00	(non refundable)* (non refundable)	
Tutor	\$ 0.00	(free of charge)	
TOTAL AMOUNT		(This is the amount you will be	required to pay to
	Ψ,ε σσισσ_	complete the program.)	required to pay to
Note: * These charges non-refundable after can	cellation period		
"The enrollment agreement is legally binding w		1 2	tution"
1. TOTAL CHARGES FOR CURRENT PERIO			
2. ESTIMATED TOTAL CHARGES FOR TH			3,500.00
3. TOTAL CHARGES OBLIGATED TO BE P	'AID UPON EI	NROLLMENT	
YOU ARE RESPONSIBLE FOR THIS AMOURESPONSIBLE FOR REPAYING THE LOAN REFUND.			
If the student is eligible for a loan guaranteed	by the federal	or state government and the stud	dent defaults on the
<ul><li>loan, both of the following may occur:</li><li>1) The federal or state government or a loan</li></ul>	oan ouarantee s	gency may take action against th	e student including
applying any income tax refund to which			
2) The student may not be eligible for an			
government assistance until the loan is	-		
If a student enrolls solely by means of execusigned by the student and by an authorized emp			agreement must be
"I certify that I have received the catalog, School rates completion rates, placement rates, license recent three-year cohort default rate, if applicable and detail the information provide in the completion of the catalog."	examination pa ole, included in	assage rates, salary or wage inform the School Performance Fact shee	nation, and the most
initialed, and dated the information provide in t	ne School Perio	ormance Fact sneet.	
"I understand that this is a legally bindi understood and agreed to my rights and re policies have been clearly explained to me." for protection under, nor recovery from the Str State of California, USA. This document contain how it applies. I acknowledge that this is not a	esponsibilities If I am a non-udent Tuition F ins a statement	and that the institution's cance resident student, I acknowledge the Recovery Fund which applies only	<b>llation and refund</b> hat I am not eligible to residents of the
Student's Name (print clearly)		Date Signed	
Student's Signature			
Signature of Authorized Employee		Date Signed	
Name of Authorized Employee			
1 - 7			
Accepted by Katie Skills Center Official		Date Signed	

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(Effective on 04-01-24)

Student Name	Student I.D	D.O.B
Address	City	State Zip
Home Phone	Cell Phone	Country
Email Address		
Program Start Date	Program	Completion Date
	Period Covered by this Enrolln	nent Agreement
Scheduled Start Date	Schedule	d Completion Date
<u>Program Name</u>		<b>Length in Hours</b>
BARBER		1,000

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### **Notice:**

	ILLO		
Total Program Tuition Total Materials, Supplies, Media, Textbook Registration fee Uniforms or other special protective clothing Student Tuition Recovery Fund (STRF) Tutor TOTAL AMOUNT Note: * These charges non-refundable after can	cellation period		
"The enrollment agreement is legally binding w	when signed by	the student and accept by the ins	titution"
1. TOTAL CHARGES FOR CURRENT PERIOD. 2. ESTIMATED TOTAL CHARGES FOR THE 3. TOTAL CHARGES OBLIGATED TO BE P	E ENTIRE ED	UCATIONAL PROGRAM	6,500.00
YOU ARE RESPONSIBLE FOR THIS AMOURESPONSIBLE FOR REPAYING THE LOAN REFUND.			
If the student is eligible for a loan guaranteed loan, both of the following may occur:  1) The federal or state government or a loapplying any income tax refund to which 2) The student may not be eligible for an government assistance until the loan is	oan guarantee a ch the person is ny other federa	gency may take action against t entitled to reduce the balance ov	the student, including wed on the loan.
If a student enrolls solely by means of execusigned by the student and by an authorized emp			t agreement must be
"I certify that I have received the catalog, School rates completion rates, placement rates, license recent three-year cohort default rate, if applicable initialed, and dated the information provide in the second received that I have received the catalog, School rates are completely second rates."	examination pa ble, included in	ssage rates, salary or wage infor the School Performance Fact sho	rmation, and the most
"I understand that this is a legally bindi understood and agreed to my rights and re policies have been clearly explained to me." for protection under, nor recovery from the Sta State of California, USA. This document contain how it applies. I acknowledge that this is not a	esponsibilities If I am a non-rudent Tuition Fins a statement	and that the institution's cand esident student, I acknowledge Recovery Fund which applies on	cellation and refund that I am not eligible ally to residents of the
Student's Name (print clearly)		Date Signed	
Student's Signature			
Signature of Authorized Employee		Date Signed	
Name of Authorized Employee			
Accepted by Katie Skills Center Official		Date Signed	

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(Effective on 04-01-24)

Student Name	Student I.D	D.	O.B
Address	City	State	Zip
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Email Address			
Program Start Date	Program	Completion Date	
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Scheduled Start Date	Schedule Schedule	d Completion Date	
Program Name		<b>Length in Hours</b>	
COSMETOLOGY CR	OSSOVER	400_	

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Total Program Tuition Total Materials, Supplies, Media, Textbook Registration fee Uniforms or other special protective clothing Student Tuition Recovery Fund (STRF) Tutor TOTAL AMOUNT	\$_2,000.00 \$325.00 \$75.00 \$100.00 \$00.00 \$0.00 <b>\$2,500.00</b>	(non refundable)* (non refundable) (non refundable)* (non refundable) (free of charge) (This is the amount you will be complete the program.)	required to pay to
Note: * These charges non-refundable after cane "The enrollment agreement is legally binding w	•	1	ution"
1. TOTAL CHARGES FOR CURRENT PERIO 2. ESTIMATED TOTAL CHARGES FOR THI 3. TOTAL CHARGES OBLIGATED TO BE P	E ENTIRE ED	UCATIONAL PROGRAM	3,500.00
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"I understand that this is a legally bindi understood and agreed to my rights and re policies have been clearly explained to me." for protection under, nor recovery from the Stu State of California, USA. This document contain how it applies. I acknowledge that this is not a p	sponsibilities If I am a non-adent Tuition Fins a statement	and that the institution's cancel resident student, I acknowledge the Recovery Fund which applies only	lation and refund at I am not eligible to residents of the
Student's Name (print clearly)		Date Signed	
Student's Signature			
Signature of Authorized Employee Name of Authorized Employee			
Accepted by Katie Skills Center Official		Date Signed	

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(Effective on 04-01-24)

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Po	eriod Covered by this Enro	llment Agreement
Scheduled Start Date	Schedu	led Completion Date
Program Name		<b>Length in Hours</b>
COSMETOLOGY	_	1,000

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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 either by cash, guaranteed student loans, or personal loans, and

Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

"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."

(b) In addition to the statement described under subdivision (a) of this section, a qualifying institution shall include the following statement on its current schedule of student charges:

"The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by student in educational programs at a qualifying, 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 and economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be on your behalf, if you are student in a student in an educational program, who is a California residency program, or are enrolled in a residency program, and prepay all or part of your tuition."

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

The school closed before the course of instruction was completed.

The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.

The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.

There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.

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However, no claim can be paid to any student without a social security number or a taxpayer identification number.

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## **Refund Policy**

The amount owed to the student equals the institutional charge for the instruction divided by the total number of clock hours in the period of attendance multiplied by the number of clock hours the student has not attended prior to withdrawal. No refunds are due once the student has received 60% of the clock hours of instruction in any given period of attendance.

For purposes of determining a refund, a student shall be considered to have withdrawn from an educational program when he or she withdraws or is deemed withdrawn in accordance with the withdrawal policy stated in this institution's catalog.

You must exercise your right to cancel or withdraw on or before this date:

If an institution has collected money from a student for transmittal on the student's behalf to a third party for a bond, library usage, or fees for a license, application, or examination and the institution has not paid the money to the third party at the time of the student's withdrawal or cancellation, the institution shall refund the money to the student within 45 days of the student's withdrawal or cancellation.

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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 1747 North Market Blvd., Suite 225, Sacramento, CA 95834, www.bppe.ca.gov (916) 574-8900 (fax) (916) 263-1897.

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's Internet web site <a href="www.bppe.ca.gov">www.bppe.ca.gov</a>.

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### **Notice:**

	LLD		
Total Program Tuition Total Materials, Supplies, Media, Textbook Registration fee Uniforms or other special protective clothing Student Tuition Recovery Fund (STRF) Tutor TOTAL AMOUNT		(non refundable)* (non refundable) (non refundable)* (non refundable) (free of charge) (This is the amount you will be complete the program.)	required to pay to
Note: * These charges non-refundable after cane "The enrollment agreement is legally binding w			tution"
1. TOTAL CHARGES FOR CURRENT PERIOD. 2. ESTIMATED TOTAL CHARGES FOR THI 3. TOTAL CHARGES OBLIGATED TO BE P	E ENTIRE ED	JCATIONAL PROGRAM	6,500.00
YOU ARE RESPONSIBLE FOR THIS AMOU RESPONSIBLE FOR REPAYING THE LOAN REFUND.			
If the student is eligible for a loan guaranteed loan, both of the following may occur:  1) The federal or state government or a loan applying any income tax refund to whice 2) The student may not be eligible for an government assistance until the loan is a	oan guarantee a ch the person is ny other federa	gency may take action against the entitled to reduce the balance owe	e student, including ed on the loan.
If a student enrolls solely by means of execusigned by the student and by an authorized emp			agreement must be
"I certify that I have received the catalog, School rates completion rates, placement rates, license recent three-year cohort default rate, if applicabinitialed, and dated the information provide in the catalog, School rates completely applicable rates."	examination pa le, included in	ssage rates, salary or wage inform the School Performance Fact shee	nation, and the most
"I understand that this is a legally bindi understood and agreed to my rights and re policies have been clearly explained to me." for protection under, nor recovery from the Stu State of California, USA. This document contai how it applies. I acknowledge that this is not a p	sponsibilities If I am a non-radent Tuition Forms a statement	and that the institution's cance esident student, I acknowledge the decovery Fund which applies only	<b>llation and refund</b> at I am not eligible to residents of the
Student's Name (print clearly)		Date Signed	
Student's Signature			
Signature of Authorized Employee		Date Signed	
Name of Authorized Employee			
Accepted by Katie Skills Center Official		Date Signed	

415 E. 12th Street, Oakland, CA 94606 (510) 444-6488

www.kscusa.us

(Classroom Instruction is provided at the above address)

# **Enrollment Agreement**

(Effective on 04-01-24)

Student Name	Student I.D.	D.O.B
Address	City	State Zip
Home Phone	Cell Phone	Country
Email Address		
Program Start Date	Program	n Completion Date
1	Period Covered by this Enrol	lment Agreement
Scheduled Start Date	Schedul	led Completion Date
Program Name		<b>Length in Hours</b>
ELECTROLOGY		600

## STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. 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.

#### **Classroom Programs:**

A notice of cancellation for the current term or from the school shall be in writing and submitted to the school administrative office. A withdrawal for the current term or from the school may be effectuated by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance. The institution shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars (\$250).

The institution shall issue a refund for unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund. The institution shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.

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### **Notice:**

	-		
Total Program Tuition Total Materials, Supplies, Media, Textbook Registration fee Uniforms or other special protective clothing Student Tuition Recovery Fund (STRF) Tutor TOTAL AMOUNT	\$_2,000.00 \$325.00 \$75.00 \$100.00 \$0.00 \$0.00 \$2,500.00_	(non refundable)* (non refundable) (non refundable)* (non refundable) (free of charge) (This is the amount you will be	required to pay to
Note: * These charges non-refundable after cane "The enrollment agreement is legally binding w			tution"
1. TOTAL CHARGES FOR CURRENT PERIOD. 2. ESTIMATED TOTAL CHARGES FOR THE 3. TOTAL CHARGES OBLIGATED TO BE P.	E ENTIRE ED	UCATIONAL PROGRAM	3,500.00
YOU ARE RESPONSIBLE FOR THIS AMOU RESPONSIBLE FOR REPAYING THE LOAN REFUND.			
If the student is eligible for a loan guaranteed loan, both of the following may occur:  1) The federal or state government or a loapplying any income tax refund to whice 2) The student may not be eligible for an government assistance until the loan is a	oan guarantee a ch the person is ny other federa	gency may take action against the entitled to reduce the balance owe	e student, including ed on the loan.
If a student enrolls solely by means of execusigned by the student and by an authorized employed			agreement must be
"I certify that I have received the catalog, School rates completion rates, placement rates, license recent three-year cohort default rate, if applicabinitialed, and dated the information provide in the	examination pa le, included in	ssage rates, salary or wage inform the School Performance Fact shee	nation, and the most
"I understand that this is a legally binding understood and agreed to my rights and respolicies have been clearly explained to me." for protection under, nor recovery from the Sture State of California, USA. This document contain how it applies. I acknowledge that this is not a purpose of the contain the containt the contain the contain the contain the contain the containt the contain the contain the contain the containt the c	sponsibilities and an anon-indent Tuition Fins a statement public school.	and that the institution's cance resident student, I acknowledge the decovery Fund which applies only of the institution's cancellation and	llation and refund hat I am not eligible to residents of the d refund policy and
This enforment agreement is legally binding wi	ien signed by t	ne Student and accepted by Katte	Skills Center.
Student's Name (print clearly) Student's Signature			
Student's Signature			
Signature of Authorized Employee		_	
Name of Authorized Employee			
Accepted by Katie Skills Center Official		Date Signed	

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www.kscusa.us

(Classroom Instruction is provided at the above address)

# **Enrollment Agreement**

(Effective on 01-24-24)

Student Name	Student I.D.	D.O.B
Address	City	State Zip
Home Phone	Cell Phone	Country
Email Address		
Program Start Date	Program	n Completion Date
	Period Covered by this Enroll	lment Agreement
Scheduled Start Date	Schedul	ed Completion Date
Program Name		<b>Length in Hours</b>
ESTHETICIAN	_	600

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Effective on 04/01/2024

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Total Program Tuition Total Materials, Supplies, Media, Textbook Registration fee Uniforms or other special protective clothing Student Tuition Recovery Fund (STRF) Tutor TOTAL AMOUNT		ndable) ndable)* indable)	equired to pay to
Note: * These charges non-refundable after cane "The enrollment agreement is legally binding w	•	t and accept by the instit	ution"
1. TOTAL CHARGES FOR CURRENT PERIO 2. ESTIMATED TOTAL CHARGES FOR THI 3. TOTAL CHARGES OBLIGATED TO BE P	E ENTIRE EDUCATION		4,500.00
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"I understand that this is a legally bindi understood and agreed to my rights and re policies have been clearly explained to me." for protection under, nor recovery from the Stu State of California, USA. This document contai how it applies. I acknowledge that this is not a p	sponsibilities and that If I am a non-resident structure to the instance of th	the institution's cancel udent, I acknowledge tha Fund which applies only	lation and refund at I am not eligible to residents of the
Student's Name (print clearly)		Date Signed	
Student's Signature			
Signature of Authorized Employee Name of Authorized Employee			
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(Effective on 01-24-24)

Student Name	Student I.D	D.O.B	
Address	City	State Zip	
Home Phone	Cell Phone	Country	
Email Address			
Program Start Date	Program	Completion Date	-
P	eriod Covered by this Enrolln	ment Agreement	
Scheduled Start Date	Schedule	d Completion Date	_
Program Name		<b>Length in Hours</b>	
MANICURIST	-	600	

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## **Refund Policy**

The amount owed to the student equals the institutional charge for the instruction divided by the total number of clock hours in the period of attendance multiplied by the number of clock hours the student has not attended prior to withdrawal. No refunds are due once the student has received 60% of the clock hours of instruction in any given period of attendance.

For purposes of determining a refund, a student shall be considered to have withdrawn from an educational program when he or she withdraws or is deemed withdrawn in accordance with the withdrawal policy stated in this institution's catalog.

You must exercise your right to cancel or withdraw on or before this date:

If an institution has collected money from a student for transmittal on the student's behalf to a third party for a bond, library usage, or fees for a license, application, or examination and the institution has not paid the money to the third party at the time of the student's withdrawal or cancellation, the institution shall refund the money to the student within 45 days of the student's withdrawal or cancellation.

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.

This institution shall refund any credit balance on the student's account within 45 days after the date of the student's completion of, or withdrawal from, the educational program in which the student was enrolled.

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 1747 North Market Blvd., Suite 225, Sacramento, CA 95834, www.bppe.ca.gov (916) 574-8900 (fax) (916) 263-1897.

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# NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

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### **Notice:**

Total Program Tuition Total Materials, Supplies, Media, Textbook Registration fee Uniforms or other special protective clothing Student Tuition Recovery Fund (STRF) Tutor TOTAL AMOUNT	\$_1,675.00 \$650.00 \$75.00 \$100.00 \$7.50 \$0.00 <b>\$2,500.00</b> _	(non refundable)* (non refundable) (non refundable)* (non refundable) (free of charge) (This is the amount you will be Complete the program.)	required to pay to
Note: * These charges non-refundable after cand	cellation period	<u> </u>	
"The enrollment agreement is legally binding w	hen signed by	the student and accept by the insti	tution"
1. TOTAL CHARGES FOR CURRENT PERIO 2. ESTIMATED TOTAL CHARGES FOR THE 3. TOTAL CHARGES OBLIGATED TO BE P.	E ENTIRE ED	UCATIONAL PROGRAM	3,500.00
YOU ARE RESPONSIBLE FOR THIS AMOU RESPONSIBLE FOR REPAYING THE LOAN REFUND.			
If the student is eligible for a loan guaranteed loan, both of the following may occur:  1) The federal or state government or a loapplying any income tax refund to which 2) The student may not be eligible for an government assistance until the loan is a	oan guarantee a ch the person is ny other federa	gency may take action against the entitled to reduce the balance owe	e student, including ed on the loan.
If a student enrolls solely by means of execusigned by the student and by an authorized employer.			agreement must be
"I certify that I have received the catalog, School rates completion rates, placement rates, license recent three-year cohort default rate, if applicable initialed, and dated the information provide in the	examination pa le, included in	ssage rates, salary or wage inform the School Performance Fact shee	nation, and the most
"I understand that this is a legally bindicunderstood and agreed to my rights and respolicies have been clearly explained to me." I for protection under, nor recovery from the Stu State of California, USA. This document contain how it applies. I acknowledge that this is not a property of the state of th	sponsibilities  If I am a non-rudent Tuition For a statement	and that the institution's cance esident student, I acknowledge th decovery Fund which applies only	<b>llation and refund</b> at I am not eligible to residents of the
Student's Name (print clearly)		Date Signed	
Student's Signature			
Signature of Authorized Employee		_	
Name of Authorized Employee			
Accepted by Katie Skills Center Official		Date Signed	

415 E. 12th Street, Oakland, CA 94606 (510) 444-6488

www.kscusa.us

(Classroom Instruction is provided at the above address)

# **Enrollment Agreement**

(Effective on 01-24-24)

Student Name	Student I.D	)]	D.O.B
Address	City	State	Zip
Home Phone	Cell Phone	Country	
Email Address			
Program Start Date	Program Completion Date		
I	Period Covered by this Enro	ollment Agreement	
Scheduled Start Date	Schedu	uled Completion Date	
Program Name		<b>Length in Hours</b>	
MASSAGE THERAPY	- 600	600	_

### STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. 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.

## **Classroom Programs:**

A notice of cancellation for the current term or from the school shall be in writing and submitted to the school administrative office. A withdrawal for the current term or from the school may be effectuated by the student's written notice or by the student's conduct, including, but not necessarily limited to, a student's lack of attendance. The institution shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars (\$250).

The institution shall issue a refund for unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund. The institution shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.

### **Attendance Policy:**

This institution requires that a student attend a minimum of 80% of scheduled class, laboratory and other such assigned hours.

**Notice:** For students in which English is not their primary language, an enrollment agreement is provided in the Vietnamese language.

## **Student Tuition Recovery Fund Disclosures (does not apply from 04-01-24)**

A qualifying institution shall include the following statement on both its enrollment agreement for an educational program and its current schedule of student charges:

"You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

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 either by cash, guaranteed student loans, or personal loans, and

Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

"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."

(b) In addition to the statement described under subdivision (a) of this section, a qualifying institution shall include the following statement on its current schedule of student charges:

"The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by student in educational programs at a qualifying, 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 and economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be on your behalf, if you are student in a student in an educational program, who is a California residency program, or are enrolled in a residency program, and prepay all or part of your tuition."

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

The school closed before the course of instruction was completed.

The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.

The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.

There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.

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### **Notice:**

	-		
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Note: * These charges non-refundable after cand "The enrollment agreement is legally binding w			cution"
1. TOTAL CHARGES FOR CURRENT PERIOD. 2. ESTIMATED TOTAL CHARGES FOR THE 3. TOTAL CHARGES OBLIGATED TO BE P.	E ENTIRE ED	UCATIONAL PROGRAM	3,500.00
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"I understand that this is a legally binding understood and agreed to my rights and respolicies have been clearly explained to me." If for protection under, nor recovery from the Stu State of California, USA. This document contains how it applies. I acknowledge that this is not a property of the state o	sponsibilities  If I am a non-ident Tuition Fins a statement	and that the institution's cancel resident student, I acknowledge the decovery Fund which applies only	lation and refund at I am not eligible to residents of the
Student's Name (print clearly)		Date Signed	
Student's Signature			
Signature of Authorized Employee		Date Signed	<del></del>
Name of Authorized Employee			
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(Effective on 01-24-24)

Student Name	Student I.D	D.O.B	
Address	City	State Zip	
Home Phone	Cell Phone	Country	
Email Address			
Program Start Date	Program Completion Date		
	Period Covered by this Enro	llment Agreement	
Scheduled Start Date	Schedu	led Completion Date	
Program Name		<b>Length in Hours</b>	
MASSAGE THERAPY - 1000		1,000	

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### **Notice:**

	TEES		
Total Program Tuition Total Materials, Supplies, Media, Textbook Registration fee Uniforms or other special protective clothing Student Tuition Recovery Fund (STRF) Tutor TOTAL AMOUNT		(non refundable)* (non refundable) (non refundable)* (non refundable) (free of charge) (This is the amount you will be complete the program.)	e required to pay to
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1. TOTAL CHARGES FOR CURRENT PERIOD. 2. ESTIMATED TOTAL CHARGES FOR THE 3. TOTAL CHARGES OBLIGATED TO BE P.	E ENTIRE ED	UCATIONAL PROGRAM	4,500.00
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If a student enrolls solely by means of execusigned by the student and by an authorized employer.			agreement must be
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Student's Name (print clearly)		Date Signed	
Student's Signature			
Signature of Authorized Employee		Date Signed	
Name of Authorized Employee			
Accepted by Katie Skills Center Official		Date Signed	