

Katie Skills Center

415 E. 12th Street, Oakland, CA 94606

(510) 444-6488

www.kscusa.us

(Classroom Instruction is provided at the above address)

Enrollment Agreement

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 Enrollment Agreement

Scheduled Start Date _____ Scheduled Completion Date _____

Program Name

Length in Hours

_____**MASSAGE THERAPY - 1000**_____

_____ 1,000 _____

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.

Enrollment Agreement

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.

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.

Prior to Signing This Enrollment Agreement

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.

Student's Initials _____ 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 included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School performance Fact Sheet.

Enrollment 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.

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.

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 www.bppe.ca.gov.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

“The transferability of credits you earn at Katie Skills Center is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the (degree, diploma, or certificate) you earn in Katie Skills Center certificate programs is also at the complete discretion of the institution to which you may seek to transfer. If the (credits or degree, diploma, 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 Katie Skills Center to determine if your (credits or degree, diploma, or certificate) will transfer.”

Notice:

A student or any member of the public may file a complaint about the 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 Website at www.bppe.ca.gov.

Enrollment Agreement

FEEES

Total Program Tuition	\$_ 2,940.00	
Total Materials, Supplies, Media, Textbook	\$_ 450.00	(non refundable)*
Registration fee	\$_ 75.00	(non refundable)
Uniforms or other special protective clothing	\$_ 25.00	(non refundable)*
Student Tuition Recovery Fund (STRF)	\$_ 10.00	(non refundable)
Tutor	\$_ 0.00	(free of charge)
TOTAL AMOUNT	\$_ 3,500.00	(This is the amount you will be required to pay to complete the program.)

Note: * These charge non-refundable after cancellation period

“The enrollment agreement is legally binding when signed by the student and accept by the institution”

<u>1. TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE</u>	_____
<u>2. ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM</u>	<u>4,500.00</u>
<u>3. TOTAL CHARGES OBLIGATED TO BE PAID UPON ENROLLMENT</u>	_____

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

If the 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:

- 1) 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.
- 2) 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.

If a student enrolls solely by means of executing an enrollment agreement, the enrollment agreement must be signed by the student and by an authorized employee of the institution.

“I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates completion rates, placement rates, license examination passage rates, 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 provide in the School Performance Fact sheet.”

“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.” If I am a non-resident student, I acknowledge that I am not eligible for protection under, nor recovery from the Student Tuition Recovery Fund which applies only to residents of the State of California, USA. This document contains a statement of the institution's cancellation and refund policy and how it applies. I acknowledge that this is not a public school.

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 _____

