**SAMPLE SCHOOL ENROLLMENT AGREEMENT**

**STUDENT INFORMATION**

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_

(Month/Day/Year) (M/F)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (State) (Zip)

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last)

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular Meeting Schedule:

Class Days: (circle) M T W Th F Sa Su

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Externship (Hours/Description): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Weeks: \_\_\_\_\_\_\_\_\_\_\_ Total Clock/Credit Hours: \_\_\_\_\_\_\_\_\_

Credential Awarded (Certificate or Diploma): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL LICENSING & CERTIFICATION**

A professional license is not currently required for employment in North Carolina, but certification recognizes the competency and skills learned during your training and may provide an advantage when seeking employment.

Students who successfully complete the program can qualify to sit for the Certified Phlebotomy Technician (CPT) certification offered through National Healthcareer Association (<https://www.nhanow.com/>).

**TUITION AND FEE INFORMATION**

Application Fee:

Registration Fee:

Tuition Fee:

Book & Supply Fees:

Other Costs or Fees:

**Total Program Cost: $**

Method of Payment:

Payment Terms:

**REFUND INFORMATION**

(Insert School’s Refund Policy)

The school may have a more generous refund policy, but must provide the statutory minimum below:

A full refund will be issued to students who withdraw before the first day of class, or if the school cancels the course for whatever reason. Students who begin instruction but withdraw prior to the twenty-five percent (25%) mark of the program will receive a seventy-five percent (75%) refund.

(Insert School’s Withdraw Process)

**ATTENDANCE & MAKEUP POLICY**

*(Insert Institutional Attendance Policy)*

*(Insert Student Conduct Policy)*

**CAREER SERVICES**

*(Insert Description of Career Services if applicable)*

**ACKNOWLEDGEMENTS & SPECIAL DISCLOSURES**

Special Needs - Students in need of special accommodations should notify the school administrator in writing.

Online Access Requirement - Students are expected to have high-speed internet connection when taking online coursework. Students must use Google Docs or Microsoft Office to submit papers.

*(Attach others as applicable)*

**SIGNATURES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Director’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Director’s Signature Date Signed