

HELPING HEART TRAINING CENTER

7960 Baymeadows Way Suite 300
Jacksonville, Florida 32256
904-375-2940

Student Enrollment Agreement

THIS AGREEMENT, TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL UPON ACCEPTANCE BY THE SCHOOL

STUDENT INFORMATION

Name: _____

Address: _____

STREET ADDRESS

CITY/STATE

ZIP/POSTAL CODE

Name of Parent/Guardian (if student is under 18): _____

Telephone: (Home) _____ Business or Cellular: _____

E-mail Address: _____

Social Security Number: _____ Date of Birth: _____ Circle One: Male Female

PROGRAM INFORMATION (INSTITUTION ONLY)

Program Title: _____ Clock Hours: _____ Weeks _____

Class Schedule: () Full Time () Part Time () Day Classes () Evening Classes

() Hybrid () Online

Hours per Week: _____ Start Date: ____/____/____ Anticipated Ending Date: ____/____/____

Tuition	\$ _____
Registration Fee	\$ _____
Books	\$ _____
Materials	\$ _____
Background Check	\$ _____
Total Program Cost	\$ _____

METHODS OF PAYMENT

[] Registration fee at the time of signing the Enrollment Agreement with balance paid prior to graduation.

NOTE: For payment plans consisting of four or more payments, the federal payment boxes below must be completed. **(ENTER N/A or LINE THROUGH if not applicable)**

ANNUAL PERCENTAGE RATE % \$	FINANCE CHARGE \$	AMOUNT FINANCED The dollar amount the credit provided to you or on your behalf. \$	TOTAL OF PAYMENT The amount you will have paid after you have made all payments as scheduled. \$	TOTAL SALES PRICE The total cost of your purchase on credit including your down payment of \$
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT	WHEN PAYMENTS ARE DUE		
		Beginning on ____/____/____ and on the same day each (check one) weekly or bi-weekly thereafter		

(Any late fee payments and conditions thereof must be disclosed on the enrollment agreement and in the catalog)

All prices for programs are printed herein. Contracts are not sold to a third party at any time. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs unless stated.

CANCELLATION AND REFUND POLICY

Should the student be terminated or cancel for any reason, all refunds will be made per the following refund schedule:

1. Cancellation must be made in person or by certified mail.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the Enrollment Agreement and making initial payment.
3. Cancellation after the third business day, but before the first class, will result in a refund of all monies paid with the exception of the registration fee (not to exceed \$150.00) and background fee.
4. A student canceling after attendance has begun through 50% completion of the program will result in a Pro-Rata refund computed based on the numbers of hours completed to the total program hours. There is no refund of the registration fee and background fee after the third business day.
5. Cancellation after completing more than 50% of the program will result in no refund.
6. The termination date for refund computation purposes is the last date of actual attendance by the student unless earlier written notice is received.
7. Refunds will be made within 30 days of termination or receipt of Cancellation Notice.
8. A student can be dismissed, at the discretion of the President, for insufficient progress, nonpayment of costs, or failure to comply with the rules.
9. If the school terminates a program for any reason, the student will receive a 100% refund on monies paid to the school.
10. For a student who does not return from a leave of absence, the termination date is the last date of attendance before the student left on the leave of absence.

GROUND'S FOR TERMINATION

A student's enrollment can be terminated at the discretion of the institution for insufficient academic progress, non-payment of academic costs, or failure to comply with rules and policies established by the institution as outlined in the catalog and this agreement.

EMPLOYMENT ASSISTANCE

Although placement assistance may be offered, the institution does not guarantee employment. Students are assisted with placement and furnished names and addresses of employment possibilities. Inquiries made to the school from potential employers will be posted on a placement opportunity bulletin board. Placement services are provided free of charge. Nevertheless the school does not guarantee employment.

ACKNOWLEDGEMENT

This document and the catalog constitute a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized.

Graduation Requirements

A student is eligible to graduate from a diploma program when all of the following requirements have been met:

1. Successfully complete all required courses listed in the program of study with a cumulative grade point average of 2.0 or higher.
2. Meet or exceed the institution's published standards for satisfactory academic progress (SAP).
3. Satisfy all program-specific requirements, including clinical hours, competencies, capstones, skills demonstrations, or other mandated components.
4. Pass the program-specific comprehensive/exit exam at the required minimum score:
 - a. **Practical Nursing**: Students must pass the ATI Practical Nursing exit exam with a minimum score of 75% to be eligible for graduation.
 - b. **Home Health Aide**: Students must pass the program comprehensive exam with a minimum score of 70% to be eligible for graduation.
 - c. **Phlebotomy Technician**: Students must pass the program comprehensive exam with a minimum score of 70% to be eligible for graduation.
 - d. **Medical Assistant**: Students must pass the program comprehensive exam with a minimum score of 70% to be eligible for graduation.
5. Satisfy all outstanding financial obligations to the institution.

CREDENTIAL AWARDED

Upon satisfactory completion of the program, the student will be awarded a Diploma.

DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

Signature of Applicant

Date

Signature of Parent/Guardian
(If under 18 years of age)

Date

Signature of School Official

Date