



5110 Commerce Square Dr. Indianapolis, IN 46237  
317-515-5996  
[dentalassistingofindy@gmail.com](mailto:dentalassistingofindy@gmail.com)

**Enrollment Agreement for Expanded Function Dental Assisting Program**  
**A deposit of \$250 is required at the time of enrollment to secure your spot in the upcoming class.**  
**2 weeks prior to class start date a deposit of \$350 is due**

Program Start Date: \_\_\_\_\_ To \_\_\_\_\_

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Place of employment at this time \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**Program Duration:** 6 Weeks

**Program Schedule:** Sundays: 9:00am – 4:00pm  
Fridays: 9:30am - 4:30pm

**Tuition & Fees:**

Registration Fee .....	\$100.00
Tuition .....	\$1518.00
Consumable Supplies .....	<u>\$482.00</u>
<b>Total Cost .....</b>	<b><u>\$2,100.00</u></b>

*\*Tuition and fees are subject to change at the discretion of the school. Any tuition and/or fee change will go in effect for the term following student notification of change.*

- A deposit of \$150 is required at the time of enrollment to secure your spot in the upcoming class.
- Payment Options:
  - Cash
  - Check
  - Credit Card (Visa, Mastercard, Discover, American Express)
  - Consumer Financing (third party)

We will provide:

- Textbook
- Supplies & Equipment
- Instruments & Dental Materials
- Certification of Completion
- Safety Glasses

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I am hereby enrolling in the Dental Assisting of Indianapolis Program for the term stated above and any enrollment is subject to the terms and conditions in this enrollment and financial agreement.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Refund Policy:**

1. A student is entitled to a full refund if one (1) or more of the following criteria are met:
  - (a) The student cancels the enrollment agreement or enrollment application within six (6) business days after signing.
  - (b) The student does not meet the postsecondary proprietary educational institution's minimum admission requirements.
  - (c) The student's enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary educational institution.
  - (d) If the student has not visited the postsecondary educational institution prior to enrollment, and, upon touring the institution or attending the regularly scheduled orientation/classes, the student withdrew from the program within three (3) days.
2. A student withdrawing from an instructional program, after starting the instructional program at a postsecondary proprietary institution and attending one (1) week or less, is entitled to a refund of ninety percent (90%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
3. A student withdrawing from an instructional program, after attending more than one (1) week but equal to or less than twenty-five percent (25%) of the duration of the instructional program, is entitled to a refund of seventy-five percent (75%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
4. A student withdrawing from an instructional program, after attending more than twenty-five percent (25%) but equal to or less than fifty percent (50%) of the duration of the instructional program, is entitled to a refund of fifty percent (50%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
5. A student withdrawing from an instructional program, after attending more than fifty percent (50%) but equal to or less than sixty percent (60%) of the duration of the instructional program, is entitled to a refund of forty percent (40%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).

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6. A student withdrawing from an institutional program, after attending more than sixty percent (60%) of the duration of the instructional program, is not entitled to a refund.

Student Protection Fund

IC 22-4.1-21-15 and IC 22-4.1-21-18 requires each educational institution accredited by the Office for Career and Technical Schools to submit an institutional surety bond and contribute to the Career College Student Assurance Fund which will be used to pay off debt incurred due to the closing of a school, discontinuance of a program, or loss of accreditation by an institution. To file a claim, each student must submit a completed "Student Complaint Form." This form can be found on OCTS's website at <http://www.in.gov/dwd/2731.htm>.

OCTS Refund Policy

8/21/17

### **Cancellation and Settlement Policy**

An enrollment agreement may be canceled within five calendar days after the date of signing provided the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition paid and refundable fees pursuant to the enrollment agreement and the refund shall be made no later than thirty-one days after cancellation. This provision shall not apply where a student has already started classes.

### **Termination and Re-Admittance**

- Grounds for termination by the school include *but are not limited to*:
- Failure to comply with school policies or dress code, delinquent payments, displaying disruptive, offensive, or threatening behavior.
- Students that have been dismissed from a previous course, will not be re-admitted to a future course
- If a student decides to terminate their enrollment, they must fill out an official withdrawal form and agree to terms before any refund is processed

### **Grievance Procedure**

Dental Assisting School of Indianapolis students have the right to address any concerns regarding this institution by following the grievance process outline below:

The Office for Career and Technical Schools (OCTS) is responsible for reviewing and responding to student claims for monetary reimbursement against post-secondary proprietary schools that are non-credit bearing and non-degree granting. *OCTS adjudicates only claims for monetary reimbursement and cannot adjudicate claims involving programmatic content.* Monetary claims for reimbursement are limited to tuition and fees paid out of pocket by the student. OCTS does not have jurisdiction to adjudicate claims for reimbursement of scholarships, financial assistance, or fee reductions. OCTS cannot offer legal advice or initiate civil court cases.

Students filing claims must meet these requirements:

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1. Be a current or former student in a program at a school regulated by OCTS (Please visit [www.in.gov/dwd.octs.htm](http://www.in.gov/dwd.octs.htm) for a list of Accredited Institutions).
2. Follow and exhaust the school's complaint resolution with the school directly; or provide a detailed explanation as to why the school's complaint process was not completed.
3. File a formal claim with OCTS by completing the online Student Complaint Form at: <https://secure.in.gov/apps/icrc/discrimination>, and attaching the following documents:
  - A statement of the facts supporting the claim and outlining the problem, and
  - A copy of the enrollment agreement signed by the student, and
  - Copies of all receipts for tuition paid by cash, check, money order or credit card, and
  - Any other material with substantiates the claim.
  - OCTS will review the claim and contact the claimant if additional information or clarification is needed. When the student's initial claim is determined valid by OCTS, OCTS will forward a copy of the claim to the school, and the school will have three (3) weeks to respond. Upon receipt of the school's response, OCTS will adjudicate the claim and issue a final determination. Both the student and the school will receive notification of the OCTS final determination. The determination by OCTS is final and is not appealable through the Department.

NOTE: If you believe a school has acted in a discriminatory manner, you may wish to contact the Indiana Civil Rights Commission using the link:

<https://secure.in.gov/apps/icrc/discrimination>

I acknowledge that I have read and understood this enrollment agreement.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Parent or Guardian (if applicable) \_\_\_\_\_

**After your enrollment form has been received and your deposit of \$250 has been paid the next step is to set up your payment plan. The \$250 is non-refundable.**

School Representative: \_\_\_\_\_ Date \_\_\_\_\_

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## Method of Payment

Payment amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

American Express \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ CVV \_\_\_\_\_

**Mail completed application along with check, money order, or credit card information to:**

**Dental Assisting of Indianapolis  
7007 US Highway 31, S.  
Indianapolis, IN 46227**



# Payment plan

**We are now able to offer a 12 Week payment plan at 0% interest & no credit check with automatic withdrawal!**

Total cost for the Expanded Functions Dental Assistant Program is \$2,100  
We require a deposit at time of enrollment of 250 to hold your spot. We only take so many students per class and they do go fast.

**2 Weeks prior to class start date we do require a minimum \$350 payment**

With your deposit of \$250 and the minimum payment of \$350 that brings your total to \$1,500.

We take this and subtract that from the total cost of the program.

**You will now have**

**\*\*\*12 weeks to pay the remaining balance of \$1,500\*\***

- ❖ **In order to take your final exam and receive your certificate at graduation all payments must be up to date**
- ❖ **3 Monthly Payments of \$500.00 will be automatically withdrawn on the 3rd Friday of each month. If you wish to make your payment lower you can put more money down towards your deposit.**

Student Name \_\_\_\_\_

Student signature \_\_\_\_\_