



RETURN APPLICATION TO:
DATS of Virginia, LLC
PO BOX 280
Cabin John, MD 20818

Enrollment Application

Entry-Level Dental Assisting

Phone: 877-777-8719
Fax: 301-263-0924
www.datsva.com

DATS, Inc.
Certified to Operate by
State Council of Higher Education for Virginia (SCHEV)

I hereby apply for enrollment in DATS, Inc., hereinafter referred to as "School". A representative has provided me with a catalog and explained the programs and terms of the Enrollment Agreement. I am 18 years or older or have permission from my parent or guardian.

STUDENT INFORMATION

Location	<input type="checkbox"/> Chantilly <input type="checkbox"/> Fredericksburg <input type="checkbox"/> Manassas <input type="checkbox"/> Martinsville <input type="checkbox"/> Woodbridge <input type="checkbox"/> Woodbridge, Saturday	25055 Riding Plaza Drive Chantilly, VA 20162 201 Park Hill Drive Fredericksburg, VA 22401 7800 Sudley Road, Suite 7810 Manassas, VA 20109 23 Fayette Street Martinsville, VA 24112 14520 Smoketown Road Woodbridge, VA 22192 14520 Smoketown Road Woodbridge, VA 22192	
Session	<input type="checkbox"/> Winter (January)	<input type="checkbox"/> Spring (April)	<input type="checkbox"/> Fall (September)

Last Name	First	MI	Date	/ /
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Street Address

City	State	ZIP
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Home Phone ()	Cell Phone ()
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E-mail Address	SSN - -	Birth Date / /
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Past/Present Occupation	Employer (if any)
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Highest Level of Education	<input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Other	Name of School
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Name and relationship of closest relative

Address	Phone ()
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How did you hear about DATS?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employer: _____	<input type="checkbox"/> Flyer	<input type="checkbox"/> Friend: _____
<input type="checkbox"/> Internet	<input type="checkbox"/> Facebook	<input type="checkbox"/> Google Ad	<input type="checkbox"/> Radio

CLASS & TUITION INFORMATION

Program	Entry Level	Clock Hours	72	Weeks	9	Total Tuition	\$2550	Book Fee	\$250
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Pymt Enclosed

<input type="checkbox"/> Deposit \$250	<input type="checkbox"/> Full Tuition & Books \$2800	<input type="checkbox"/> Other \$ _____
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Form of Pymt

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash	<input type="checkbox"/> Other \$ _____
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- Deposit of \$250 must be made at least 2 weeks prior to class start date
- Balance of \$2550 is due 7 days prior to class start date

STUDENT'S RIGHT TO WITHDRAW AND RECEIVE A REFUND

The enrollment application is a legally binding instrument upon the school's written acceptance of the student's application for admission. Students may cancel the enrollment application at any time within seven (7) calendar days after signing the contract for a full refund of all monies paid. If withdrawal occurs seven (7) calendar days after signing the original contract and prior to the first class, all monies will be refunded except the registration fee of \$100.00. If the school closes, or cancels or changes a program in a way that is not satisfactory to the student, the school will refund all money paid by the student including the \$100 registration fee

Tuition for students who elect to withdraw or are terminated from the program after class has started will be refunded or pro-rated according to the following calculations after the 7-day cancellation period expires. Book & material fees are non-refundable once class has started.

<u>% of course taught</u>	<u>Tuition Refunded (if paid)</u>	<u>Tuition Owed</u>
Less than 25%	75%	25%
26%-49%	50%	50%
50%-74%	25%	75%
More than 75%	No Refund	100%

A refund due a student shall be based on the date of withdrawal or termination, which is the last date of attendance by the student, and will be paid within 60 days from the date of withdrawal or termination.

If the school closes, or cancels or changes a program of study or location in such a way that the student who has started is unable to complete training, arrangements will be made in a timely manner to accommodate the needs of each student enrolled in the program who is affected by the cancellation or change. If the school is unable to make alternative arrangements that are satisfactory to the student, the school will refund all money paid by the student for the program.

OTHER TERMS AND CONDITIONS

A student may be terminated for creating a safety hazard to other students, disobedient or disrespectful behavior to faculty or other students, unsatisfactory academic progress, poor attendance, unprofessional conduct, excessive absence or lateness, failure to pay fees when due, cheating, falsifying records, breach of enrollment agreement, entering school site while under the influence or effects of alcohol, drugs, or narcotics, of any kind, carrying a concealed or potentially dangerous weapon, sexual harassment or harassment of any kind. Terms of the refund policy will apply.

Evening sessions are four hours per session, held from 6:00 pm to 10:00 pm, two evenings per week, for a total of 8 hours per week. Students may purchase books & materials either from the school or on the open market.

Students will receive a diploma and a copy of the "Official Transcript" upon satisfactory completion of all program requirements. Students must receive: a) a minimum passing grade average of 75%, b) achieve a "Pass" on all Lab work, c) attend all 84 clock hours of the program with no more than 12 hours missed and made up, and, d) no outstanding balances owed to the school. Our program does not grant leaves of absence. Student records, including grades and attendance, are available upon written request.

The entry-level Dental Assistant program is sufficient as a basic, entry-level introduction to the profession; however, additional on-the-job training is required to become a fully functional dental assistant. The School will provide its graduates with assistance and job leads upon graduation, but cannot guarantee job placement, employment or salary. Students who withdraw or are ineligible to graduate will, upon written request, be given a copy of their "Official Transcript".

READ, SIGN AND DATE

Notice to Buyer: Do not sign this Enrollment Application before you read it or if it contains any blank spaces. You are entitled to an exact copy of this signed Enrollment Application. Keep all documents regarding enrollment and financial obligations to protect your legal rights.

I have read the terms and conditions contained in this Enrollment Application and the current catalog, which I have received and read, and understand that with my (or my guardian's signature), this agreement constitutes a binding contract after written acceptance by the School. Contract changes may be made only by written consent of both parties.

Student Signature _____ **Today's Date** / /

**Parent or Guardian
(if student is less than 18)**

FOR SCHOOL USE ONLY

Session Winter Spring Fall

Class Start Date / / **Class End Date** / /

**Accepted By
(School Official Name)** _____ **Date** / /

Signature of School Official