

# INTERNATIONAL SCHOOL OF NURSING

238 S. Hillview Drive, Milpitas, CA 95035 Tel. (408) 719-8100

## ENROLLMENT AGREEMENT Home Health Aide

- A. **SCHOOL NAME:** International School of Nursing  
**ADDRESS:** 238 S. Hillview Drive, Milpitas, CA 95035 Tel. (408) 719-8100  
**Address where instruction will be provided:** International School of Nursing  
238 S. Hillview Drive, Milpitas, CA 95035
- Address of Clinical Sites:**
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|---|---|
| Park Central Care and Rehabilitation Center<br>2100 Parkside Drive<br>Freemont, CA 95035<br>Tel. (510) 797-5300 | Camden Post Acute Care<br>1331 Camden Avenue<br>Campbell, CA 95008<br>Tel. (408) 377-4030 |
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**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
City State Zip Code

- B. **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 2535 CAPITOL OAKS DRIVE, SUITE 400, SACRAMENTO CA 95833, [www.bppe.ca.gov](http://www.bppe.ca.gov), TOLL-FREE TELEPHONE NUMBER (888) 370-7589 OR BY 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 TOLL-FREE OR BY COMPLETING A COMPLAINT FORM, WHICH CAN BE OBTAINED ON THE BUREAU'S INTERNET WEBSITE [www.bppe.ca.gov](http://www.bppe.ca.gov)**

- C. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course of educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain. The institution does not provide **English as a Second Language instruction**.

- D. This enrollment agreement is for the course: **HOME HEALTH AIDE COURSE**  
A total of **40 hours** are required to complete the course or educational service.  
Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

E. **STUDENT'S RIGHT TO CANCEL**

The student has the right to cancel his or her enrollment agreement for a course of instruction, without any penalty or obligations, through attendance at the first class session, or the seventh day after enrollment, whichever is later. A student may not cancel by telephoning the school or not attending the class. After the end of cancellation period, the student also has the right to stop school at any time; and has the right to receive a pro rata refund if the student has completed 60 percent or less of the program less the registration fee, cost of book(s) and uniform. The refund is to be paid within 30 days after the cancellation date. Cancellation must be made in writing and delivered via U.S Postal Service or hand delivered to the following address:

Leticia R. Weber, Administrator  
International School of Nursing  
1330 Springs Road, Vallejo CA 94591

**F. DATE TO CANCEL**

The student shall have until \_\_\_\_\_ to receive a full refund.  
(date of cancellation)

**G. REFUND INFORMATION**

The student has a right to a full refund of all charges less the amount of \$100.00 for the registration fee if he/she cancels this agreement on the first day of instruction, or the seventh day after enrollment, whichever is later. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition if the student has completed 60% or less of the course less the registration fee, cost of book(s) and uniform. Refer to the following computations to determine the amount of refund owed to you.

For example: The student completes 24 hours of a 40 hours HHA course and paid \$495.00 tuition, the student is entitled to a refund of \$198.00.

\$495.00 amount for tuition	x	16 clock hours of instruction paid for, but not received ----- 40 clock hours of instruction for which the student has paid	=	\$198.00 refund amount
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If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

If the student obtains a loan to pay for the educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If the student has received federal student financial aid funds, the student is entitled to a refund of the moneys not paid from federal student financial aid program funds.

If a 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.

**H. DATE OF REFUND**

The school will give the refund to the student on \_\_\_\_\_.  
(date of refund)

**NOTICE**

**ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.**

**I. FEES AND CHARGES.** The student is responsible for the following fees and charges:

Tuition fees \$ 495.00

**Other Charges:**

Registration fee (**non-refundable**) \$ 100.00 due upon enrollment

STRF fee (**non-refundable**) \$ 0.50 due upon enrollment

Book (**non-refundable**) \$ 35.00

**Total Charges \$ 630.50**

**THE TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE IS\$ 630.50**

**TOTAL CHARGES OF THE ENTIRE EDUCATIONAL PROGRAM IS \$ 630.50**

**TOTAL CHARGES TO PAY UPON ENROLLMENT IS \$100.50**

The following items are not applicable in the above charges: equipment, lab supplies or kits, in-resident housing, tutoring, assessment fees for transfer of credits, fees to transfer credits, and charges paid to an entity other than an institution required for participation in the education program.

- J.** 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. (Ed Code § 94911)

\_\_\_\_\_  
Signature of Student Date

- K.** 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, and salaries or wages, prior to signing this agreement. \_\_\_\_\_ (Student Initial)

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.

\_\_\_\_\_  
Signature of Student Date

- L.** This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction.

\_\_\_\_\_  
Date of First Tour Signature of Student

I certify that International School of Nursing has met the disclosure requirements of Education Code 94800 of the California Private Postsecondary Education Act of 2009.

\_\_\_\_\_  
Signature, Title of School Official

\_\_\_\_\_  
Date

This agreement is accepted by \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

#### **M. NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION**

The transferability of credits you earn at Solano College of Nursing is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in **Home Health Aide Program** is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is 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 Solano College of Nursing to determine if your certificate will transfer.

**N.** The school does not participate in a loan program guaranteed by the Federal or State government.

**O.** The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private Postsecondary Education.

You must pay the state-imposed fee for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. 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 either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as employer, government program or other payer, and you have no separate agreement to repay the third party.

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:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of the student to a third party for license fee 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.
3. 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.
4. 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.
5. 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.