

# INTERNATIONAL SCHOOL OF NURSING

1330 Springs Road, Vallejo, CA 94591 Tel. (707) 557-7173

## ENROLLMENT AGREEMENT

### Home Health Aide

- A. **SCHOOL NAME:** International School of Nursing  
**ADDRESS:** 1330 Springs Road, Vallejo, CA 94591 Tel. (707) 557-7173  
**Address where instruction will be provided:** International School of Nursing  
1330 Springs Road, Vallejo, CA 94591
- |                           |   |  |
|---------------------------|---|--|
| <b>Address of</b>         | Orchard Post Acute Care   | Martinez Convalescent Hospital                               |
| <b>of Clinical Sites:</b> | 101 S. Orchard Ave., Vacaville, CA 95688<br>Tel. (707) 448-6458 | 4110 Alhambra Way, Martinez. CA 94553<br>Tel. (925) 839-2360 |

**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street 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 \$184.00.

\$495.00	x	16 clock hours of instruction	
amount for		paid for, but not received	
tuition		-----	= \$198.00 refund amount
		40 clock hours of instruction	
		for which the student has paid	

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

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

**Total Charges \$ 630.00**

**THE TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE IS \$ 630.0**

**TOTAL CHARGES OF THE ENTIRE EDUCATIONAL PROGRAM IS \$ 630.00**

**TOTAL CHARGES TO PAY UPON ENROLLMENT IS \$100.00**

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

