

Student Enrollment

Student must complete and submit the following forms to the school before the first day of class.

- Copy of Valid ID or Driver's license
- Copy of High School Diploma or GED Equivalent or proof student is a graduating senior(transcript)
- Copy of Current Immunization Records or Declination Forms
- Enrollment Agreement
- Application fee of \$100 (non-refundable)
- Parent's signature is required if under 18 years of age

***The non refundable application fee of \$100.**

Classes and labs will be held at 636 Crown Pointe Lane Suite 105 Rock Hill SC 29730.

Mail in or drop off Enrollment packet:

636 Crown Pointe Lane Suite 105
Rock Hill SC, 29730

Rock Hill Dental Assisting Academy does not discriminate on the basis of race, gender, disability, age, religion, immigrant status, or national origin in its educational program.

Licensed by the South Carolina Commissions on Higher Education, 1122 Lady Street, Suite 400, Columbia SC 29201, Tel. (803) 737-2260, www.che.sc.gov. Licensure indicates only that minimum standards have been met; it is not an endorsement or guarantee of quality. Licensure is not equivalent to or synonymous with accreditation by an accrediting agency recognized by the U.S. Department of Education.

Rock Hill Dental Assisting Academy, LLC
636 Crown Pointe Lane Suite 105
Rock Hill SC, 29730

Enrollment Agreement

Rock Hill Dental Assisting Academy, LLC

Student Name: _____
Present Address: _____

Permanent Address: _____

Telephone: (work) _____ (Cell) _____
E-mail: _____
Date of Birth: _____ Social Security No.: _____
Emergency Contact: _____ Number: _____

PROGRAM INFORMATION:

Dental Assisting 16-weeks Program length: 191 total hours

Start Date: 02/01/2027 Anticipated Completion Date: 05/27/2027

Classes are held on Mondays and Thursdays from 5pm until 9pm.

All classes are to be attended.

Total Cost of Dental Assisting program:

Application Fee \$100 (non refundable)
Tuition: \$4,200
Text Books: \$250
Miscellaneous Supplies: \$100 (Includes uniform, dentoforms, and other disposable personal protective equipment)
Total Program Costs: \$4,650

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The application fee of \$100. Application fee is non refundable and due on the same day as the enrollment packet to secure your spot. The total amount of \$4650 must be paid prior to student receiving course certificate(s). Cancellation and refund policy will follow the same format as discussed in the Catalog and Enrollment Agreement.

Note: Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

TUITION PAYMENTS:

Rock Hill Dental Assisting Academy also offers an installment payment plan if the total amount of tuition can't be paid upfront. These terms are available to all students who need assistance. The payment schedule is:

Enrollment -1st installment due: \$2,000
Week 4- 2nd installment due: \$884
Week 8- 3rd installment due: \$883
Week 12- 4th installment due: \$883
Total Payment \$4,650

LATE PAYMENTS:

Installment payments not received 5 days after the due date shall incur a \$50.00 penalty.

Student Name _____
Student Signature _____ Date _____
Administrator Signature _____ Date _____

CANCELLATION AND REFUND POLICY:

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Cancellation: An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal or state holidays) of submitting an enrollment package is entitled to a refund of all monies paid, no later than 30 days of receiving the written notice of cancellation. After the third day, but before class begins, Rock Hill Dental Assisting Academy, LLC may retain up to the \$100 administrative fee.

Other Cancellations: The minimum number of students in program is 2. If the course needs to be rescheduled due to low enrollment, students will be notified by phone and email. Students will have the choice of a refund in accordance with the institution's refund policy or to attend the next scheduled class. If the class start date is changed for a second

time, the student will be eligible for a full refund of all monies paid.

Withdrawal: Any student who wishes to withdraw from this institution after classes begin will be subject to the below refund policy. The institution may retain up to \$100 administrative fee after the three-day cancellation period or after classes begin. Refunds are computed in ten-percent increments, rounded downward to the next ten percent of that period. After sixty percent attendance (116 hours), the institution may charge for the entire course.

Hours attended	Tuition Refund	Refund Amount
1-19	90%	\$4095.00
20-38	80%	\$3640.00
39-57	70%	\$3185.00
58-76	60%	\$2730.00
77-95	50%	\$2275.00
96-115	40%	\$1820.00
116-191	NONE	\$0.00

Dismissal: A student will be determined to be withdrawn from the institution if the student has not been in attendance for more than 3 scheduled classes unless there is written documentation of extenuating circumstances. A student will also be dismissed from the program if they have more than 3 tardies. This will include arriving to class late or leaving class early. If the student is dismissed from the externship, or do not meet the academic requirements of a 70 or above, they will be dismissed. If the student does not maintain a professional demeanor and the proper dress code which is the scrubs that were purchased, they will be dismissed. Based on when the student is dismissed will determine their refund amount based on the chart above.

Refunds will be issued within **40 days** of the determination of the withdrawal date.

Books and Supplies: There is no refund for any books and supplies received by the student.

Student Name _____

Student Signature _____ Date _____

Administrator _____ Date _____

I have received a copy of the catalog and enrollment agreement.

I understand the tuition charges, payment options, and refund policy.

I understand tuition must be paid in full before graduation.

I understand completion of the program does not guarantee employment.

I acknowledge that this agreement becomes a legally binding contract once completed and signed by both parties.

I understand Rock Hill Dental Assisting Academy, LLC makes no claim or guarantee that credit earned will transfer to another

institution.

I understand a certificate of completion is awarded at graduation.

I understand that Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

Hold Harmless Agreement

In a dental office setting, there are risks of accidents or injury when dealing with dental equipment, and other aspects of the course including but not limited to direct care and contact with fellow students, patients, and clinical instructors. Rock Hill Dental assisting academy and I

_____(students name) , acknowledge this risk. I waive, release and discharge Rock Hill Dental Assisting Academy of any and all liability and all claims of damages including death, personal injury, and / or property damage as a result of participation in the program whether or not it is caused by negligence or by fault of Rock Hill Dental Assisting Academy.

This release is to discharge the school and it's officers, students, volunteers against any and all liability associated with my participation in the program including training, internship/externship, and hands on activities.

Having full knowledge of these risks, I agree to assume responsibility for these risks and hold harmless all officers, instructors, students, volunteers, patients, or others that may be otherwise liable to me for damages. I understand that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I also give permission to receive medical services by authorized personnel if necessary and I understand that any cost incurred with the medical services will be my responsibility.

Student Signature _____ Date _____