

Community Barber Schools, LLC

1826 Ionia Street
Jacksonville, Florida 32206
904-425-0055

STUDENT ENROLLMENT AGREEMENT

ALL SIGNERS MUST RECEIVE AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG

STUDENT INFORMATION

Name: _____

Address: _____
STREET ADDRESS CITY/STATE ZIP/POSTAL CODE

Name of Parent/Guardian (if student is under 18): _____

Telephone: (Home) _____ (Business or Cellular): _____

Social Security Number: _____ Date of Birth _____ Male _____ Female _____

PROGRAM INFORMATION

Institution use only

Program Title: _____ Barbering _____ Clock Hours: _____ Credit Hours: _____

Class Schedule: () full-time () part-time () Day Classes () Evening Classes

Hours per week: _____ Start Date: ____/____/____ Anticipated end date: ____/____/____

Tuition \$ _____

Registration Fee \$ _____

Books \$ _____

Materials \$ _____

Total Program Cost \$ _____

Goods or services not
Included in the tuition \$ _____

METHODS OF PAYMENT

- Full payment at time of signing enrollment agreement
- Registration fee at the time of signing enrollment agreement with balance paid prior to graduation date
- Registration fee at time of signing enrollment agreement with balance paid prior to graduation

NOTE: For schools offering a payment plan with four or more payments the federal boxes or vertical listing must be included on the contract. (ENTER N/A or LINE THROUGH if not applicable)

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED The dollar amount the Credit provided to you on behalf.	TOTAL OF PAYMENT The amount you will have paid after you have made all payments as scheduled	TOTAL SALES PRICE The total cost of your Purchase on credit including your down payment of
0.00%	\$0.00	\$4,925.00	\$5,050.00	\$125.00

YOUR PAYMENT SCHEDULE WILL BE:

NUMBER OF PYMENTS	AMOUNT OF EACH PAYMENT	WHEN PAYMENTS ARE DUE
	\$	Beginning on ___/___/___ and on the same day (check one) ___ weekly or ___ bi-weekly thereafter

(Any late fee payments and conditions thereof must be disclosed on the enrollment agreement and in the catalog)

All prices for programs are printed herein. Contracts are not sold to a third party at any time. There are no carrying charges, interest charges, or service charges connected or charged with any of the these programs unless stated.

INSTITUTIONAL CANCELLATION AND REFUND POLICY

Should a student’s enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by electronic mail, by Certified Mail, or by other reasonable and appropriate means.
2. All monies (with the exception of the registration fee) will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making the initial payment.
3. Cancellation before the day of the first class will result in a refund of all monies paid, except for the registration fee, books, and supplies.
4. Cancellation after attendance has begun through 40% completion of the program will result in a Pro Rata refund of all monies paid, except for the registration fee, books and supplies purchased.
5. Cancellation after completing more than 40% of the program will result in no refund.
6. Termination Date: Refund calculations are based on the student’s last date of attendance.
7. The school reserves the right to refund tuition payments in monthly installments.

Student Initials_____

GROUNDS FOR TERMINATION

A student's enrollment can be terminated at the discretion of institution for insufficient academic progress, non-payment of academic costs.

Student Initials _____

EMPLOYMENT ASSISTANCE

Although placement assistance may be offered, the institution does not guarantee employment.

Student Initials _____

ACKNOWLEDGEMENT

This document and the catalog constitute a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized.

Student Initials _____

CREDENTIAL AWARDED

Upon satisfactory completion of the program the student will be awarded a Diploma.

Student Initials _____

ADDITIONAL FEES

A \$50.00 late fee will be charged if monthly tuition of \$300.00 is not paid by end of the month.

Student Initial _____

A makeup fee of \$250.00 may be charged per week at the discretion of institution, if any portion of the course is not completed by scheduled graduation date.

Student Initials _____

**DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES.
ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG**

_____/_____/_____
Signature of Applicant Date

_____/_____/_____
Signature of Parent/Guardian Date
(if under 18 years of age)

_____/_____/_____
Signature of School Official Date

Addendum: There will be a \$25.00 re-enrollment fee assessed after 14 consecutive days (excluding holidays) and \$25.00 late tuition payment fee for nonpayment after 30 days. Students on approved leave of absence are exempt.