5111 Lone Tree Way, Antioch CA 94531
PH: (925) 754-2879
admin@passinstitute.com

NURSE ASSISTANT TRAINING PROGRAM ENROLLMENT FORM

Last Name_____ **MI**_____ **First Name** _____

Address _____

(_____)_____ _____
Mobile Phone# **Email (required)**

Last 4 digit of Social Security #: XXX-XX- _____ **Are you over 18 years old? ( ) YES ( ) NO**

Emergency Contact Name _____**Phone#:** _____

How did you hear about us _____

Start date of class: _____

FEES, CHARGES & EXPENSES (payable to school):

Registration Fee	-	$ 195.00 (nonrefundable)
Tuition	-	$ 1,895.00
Total paid to school		**$ 2,090.00**

Choose payment plan option:

- ☐ Full tuition payment DUE on first day of class
- ☐ 4 Installment payment plans of $488.75 (includes fee of $15.00/installment)
  First payment DUE on or before 1st day of class and every 5th day of class thereafter

You are responsible for all fees payable to school. The school does not provide financial aid. If you get a student loan, you are responsible for repaying the loan amount plus any applicable interest.

OTHER OUT OF POCKET EXPENSES (not payable to school):
Books, uniforms, safety belt, blood pressure equipment, state exam fee

Purchased eBook is non-refundable.

HIGHEST EDUCATION HISTORY LEVEL:
High School ( ) Associates Degree ( ) Bachelors' Degree ( ) Graduate Degree ( )

Write the highest education level below:

School Name and City/State/Country	Year Attended	Type of Award Receive (Diploma/Certificate)

LAST 2 EMPLOYMENT HISTORY:

Employer	Years	Job Description

Do you speak, write, read, and understand English? _____Yes _____No

PLEASE READ THE FOLLOWING CAREFULLY:

Cancellation Policy
The student has the right to cancel the Enrollment Agreement and obtain a refund by providing a written notice to the School Administrator and or Program Director at 5111 Lone Tree Way, Antioch, CA 94531. The student will receive a refund no later than thirty (30) days following the date upon which the student's cancellation or withdrawal has been determined. Enrollment agreement cancellation is only valid with a submitted written notice to school.

Refund Policy
1. A student who cancels an enrollment agreement within 3 days after enrollment form is received by the school or on or before the first day of class, the student has the right to a full refund of all charges less the amount of $195.00 registration fees.
2. A student who does not show up in class and cancels an enrollment agreement within the first 3 days from the start of instruction has the right to a full refund of all charges less the amount of $195.00 registration fees.
3. A prorated refund (less the amount of a $195.00 registration fee and $15.00 installment fees) will be given to the student should student decides to drop out before completing 60 hours of class time. Rate is calculated according to the number of hours a student attended classes.
4. There are no refund to student who has attended at least 60 hours of class time.
5. There are no refund to any missed days or absences with no prior written notice to school.

If the school cancels a class, discontinue a course or educational program, the school will make a full refund of all charges (costs paid to school). The student will receive a refund no later than thirty (30) days following the date of class cancellation.

Making up hours for absences applied during clinical training
A student enrolled in the program is guaranteed a space for the class both in theory and clinical training. There is an extra charge for students who are making up hours for absences. Student who wishes to attend clinical hours to complete the program must send an email to the Program Director and will be placed on the waitlist for the next clinical cohort.

A student has 180 days from the start of the program to complete the entire training. Student who does not complete the program after the 180 days grace period may re-enroll, pay the required fees, and restart the program.

Miscellaneous Fees
$10.00 fee per copy of any school documents or forms
$15.00 fee for each installment payment
$25.00 fee for each late payment
$25.00 fee for each new form/document that requires a Program Director signature
$35.00 fee for each returned checks/NSF
$80.00 fee for schedule change
$80.00 fee for each day of making up on absences

The school reserves the right to cancel and withdraw student from the program without any refund for any but not limited to disorderly conduct to self, staff, and peers; violation of school rules and regulations; violation of clinical facility rules and regulations; failure to pay school fees in a timely manner, has stopped attending classes for at least 3 days with no written notice to school and receiving “Not Cleared” criminal background clearance from CDPH.

By registering for classes and receiving any service from PASS Institute, I accept full responsibility to pay all tuition, fees, and other associated costs as a result of my registration and or receipt of services.

I understand that I am expected to attend all classes that I enrolled for and if I cannot attend the classes or stop attending classes and or fail to drop the class by the deadline set by the school, I will be responsible for all tuition and fees.

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, ask questions and understand it.

_____ _____

Signature of Student **Date**

_____

Print Name of Student

_____ _____

Signature of Parent/Guardian (for student under 18 years of age) **Date**

_____

Print Name of Parent/Guardian (for student under 18 years of age)

PASS Institute USE ONLY

☐ **ACCEPTED**

☐ **NOT ACCEPTED**

_____ _____

Name & Signature of School Official **Date**