Dental Assisting Institute 605 Standiford Avenue, Suite H Tel: 209 527-0101 Fax: 209 661-9005

RDA Written Home Study Course AGREEMENT

Last		First	Middle			Student's Soc. Sec. #		
Student's Address			City			State Zip		
Phone #1	Cell Phone		Date of Birth			Admin Rep		
Citizen Status	Alien#		High School Grad:			Campus: Modesto		
Nationality	Marital Status		Start Date		Con	npletion Date	Email	
COURSE TITLE	OA Written Home Stu	dy Course						
Program Description RDA Written Hor				dy Course				
TOTAL FEES, CH	ARGES, A	ND EXP	ENSES					
Registration Fee:	\$ 100.00							
Tuition Fee	\$							
Book Fee	\$	125.00						
Total Charges*	\$	225.00	Total you will be ch	arged for voi	ir course of	f study		
SCHEDULE OF P.		ļ	Down Payment		Paid on			
Balance due:	\$	on						
	1							
*YOU ARE RESI By signing you un although placement employment or ind courses unless the below, purchaser	nderstand a nt assistand come level instructor	nd acknown ack	nowledge that you be provided to you student or graduate the course. Cour	have receiu; you reco te. Dental rses are nor	ved and r gnize tha Assisting n-transfer	t the school ca Institute does able and non-	nnot promi not provid	se or guarantee e refunds for
(Signature of Stude			(Date)					
(Signature of Paren	1)			(Date)				
(Signature and Titl			(Date)					