

Dental Assisting Institute
605 Standiford Avenue, Suite H
Tel: 209-527-0101 Fax: 877-641-2283

RADIATION SAFETY ENROLLMENT 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	Completion Date
			Emergency phone #

COURSE TITLE		Dental Assisting Radiation Safety Program
Program Description		Radiation Safety to satisfy Dental Board of California Requirements
TOTAL FEES, CHARGES, AND EXPENSES		
<i>Registration Fee:</i>	\$ 75.00	Non-refundable
<i>Tuition Fee</i>	\$ 475.00	Total tuition charged for the program or course.
<i>Equipment Fee</i>	\$ 50.00	Equipment or books student requires.
Total Charges*	\$ 600.00	Total you will be charged for your course of study (does not include x-ray film).
SCHEDULE OF PAYMENTS:		
	Down Payment	Paid on
Balance due:	\$	on

***YOU ARE RESPONSIBLE FOR PAYMENT OF THIS AMOUNT.**
 By signing you understand and acknowledge that you have received and read the current catalog information and although placement assistance may be provided to you; you recognize that the school cannot promise or guarantee employment or income level to any student or graduate. This contract may be canceled within five business days, and all monies, with the exception of the registration fee, will be refunded. After this time, all payments are non refundable. Verbal agreements or other representations made by an individual are not binding on the school.

(Signature of Student)	(Date)
(Signature of Parent or Legal Guardian)	(Date)
(Signature and Title of School Official)	(Date)