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

RDA Written / Law & Ethics Home Study Course Enrollment Agreement

Last]	First M		Middle		Student's Soc. Sec. #	
Student's Address			City		State	Zip	
Phone #1	Cell Phone		Date of Birth		Admin Rep		
Email			High Sch	ool Grad:	Campu	s: Modesto	
Nationality	Marital Status		Start Date C		Completion Date	Email	
COURSE TITLE	RDA Written / Law & Ethics Home Study Course						
Program Description	Program Description RDA Written / Law & Ethics Home Study Course						
TOTAL FEES, CHA	ARGES, AN	D EXP	ENSES				
Registration Fee:	\$	50.00					
Tuition Fee	\$						
Book Fee	\$	100.00					
Total Charges*	\$ 150.00		Total you will be charged for your course of study				
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 course 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. Dental Assisting Institute does not provide refunds for courses unless the instructor cancels the course. Courses are non-transferable and non-refundable. By signing below, purchaser understands and accepts the policy of Dental Assisting Institute.

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