

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

**RDA Written Review Course 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
			Email

<b>COURSE TITLE</b>		RDA Written Review Course
Program Description		RDA Written Review Course
<b>TOTAL FEES, CHARGES, AND EXPENSES</b>		
<i>Registration Fee:</i>	\$ 75.00	
<i>Tuition Fee</i>	\$ 110.00	Total tuition charged for the program or course.
<i>Book Fee</i>	\$ 90.00	
<b>Total Charges*</b>	\$ 275.00	Total you will be charged for your course of study
<b>SCHEDULE OF PAYMENTS:</b>		
	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)