

Enrollment Agreement - Contract
American College Massage School
 100 South Main Street, Crown Point, IN 46307

**Attach
 Drivers License Image
 or
 ID Image Here**

To Enroll:

1. Sign all signature locations.
2. Submit all pages by mail
3. Remit \$100.00 Registration Fee
4. Attach a **copy** of your **Driver License**
5. By signing this I agree I have read and completed page 1, 2 of this contract.. (Two-sided)

Fall 2017

Name _____ (first, middle initial, last)	Birth Date ____ - ____ - ____
Address _____ (NO PO BOX ALLOWED)	Home Phone ____ - ____ - ____
City _____	Work Phone ____ - ____ - ____
State _____ Zip Code _____	Employer's Name and Address _____
Social Security # _____	_____
Co-signer Social # _____	_____

www.acmcollege.com Issue 26a

Course and Campus	Start Date	End Date	Number Weeks	Tuition	Student's Initials	A.C.M.S. Initials
Massage Therapist Crown Point	<i>Tuesday</i> <i>Fri/Sat</i> <i>19Sep2017</i>	<i>Sat</i> <i>15Sep2018</i>	50	\$9,800 2 pay plan \$7,800 Books inc. Supplies \$50		
Massage Therapist Elkhart	<i>Tuesday</i> <i>Fri/Sat</i> <i>19Sep2017</i>	<i>Sat</i> <i>15Sep2018</i>	50	\$9,800 2 pay plan \$7,800 Books inc. Supplies \$50		

How do you anticipate paying your tuition?

Circle: 1. Check/Money Order. 2. Credit Card. 3. School Financing TFC (\$99 a mo.)
 4. Veterans Assistance 5. Vocational Rehab. 6. Workforce Development. Other _____

Completion/Graduation – Student receives a certificate of completion

Check Here _____ I'm applying for 2 payment option (1/2 to start the 2nd half at mid-point), with Check or Credit Card. This will reduce my 2nd payment by **\$2,000**. Not valid with any other discounts.
 I, _____, (Print) enroll in the course(s) selected above and agree to pay the tuition listed above, prior to the completion of the course(s). By initialing and dating each course, I also understand that I have enrolled in the courses listed here.

Signature _____ Date _____
 Co-Signer or Parent _____ Date _____

OFFICE FOR CAREER AND TECHNICAL SCHOOLS RESIDENT REFUND POLICY

The postsecondary proprietary educational institution shall pay a refund to the student in the amount calculated under the refund policy specified below or as otherwise approved by the Office for Career and Technical Schools (OCTS). The institution must make the proper refund no later than thirty-one (31) days of the student's request for cancellation or withdrawal.

If a postsecondary proprietary educational institution utilizes a refund policy of their recognized national accrediting agency or the United States Department of Education (USDOE) Title IV refund policy, the postsecondary proprietary educational institution must provide written verification in the form of a final refund calculation, upon the request of OCTS, that its refund policy is more favorable to the student than that of OCTS.

The following refund policy applies to each resident postsecondary proprietary educational institution as follows:

1. A student is entitled to a full refund if one (1) or more of the following criteria are met:
 - (a) The student cancels the enrollment agreement or enrollment application within six (6) business days after signing.
 - (b) The student does not meet the postsecondary proprietary educational institution's minimum admission requirements.
 - (c) The student's enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary educational institution.
 - (d) If the student has not visited the postsecondary educational institution prior to enrollment, and, upon touring the institution or attending the regularly scheduled orientation/classes, the student withdrew from the program within three (3) days.
2. A student withdrawing from an instructional program, after starting the instructional program at a postsecondary proprietary institution and attending one (1) week or less, is entitled to a refund of ninety percent (90%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
3. A student withdrawing from an instructional program, after attending more than one (1) week but equal to or less than twenty-five percent (25%) of the duration of the instructional program, is entitled to a refund of seventy-five percent (75%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
4. A student withdrawing from an instructional program, after attending more than twenty-five percent (25%) but equal to or less than fifty percent (50%) of the duration of the instructional program, is entitled to a refund of fifty percent (50%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
5. A student withdrawing from an instructional program, after attending more than fifty percent (50%) but equal to or less than sixty percent (60%) of the duration of the instructional program, is entitled to a refund of forty percent (40%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
6. A student withdrawing from an institutional program, after attending more than sixty percent (60%) of the duration of the instructional program, is not entitled to a refund.

OCTS Resident Refund Policy Revised 8/3/16

Payment:

Two-payment option, I agree to pay the first half of tuition to start and the balance is due on or before the Mid-term of class. Otherwise, I'll pay 10% of the unpaid balance as late fee, and discount is void. The buyer has the right to cancel this contract until the 7th day after this contract is signed by the student and approved by the school.

Indiana Department of Workforce
Development Office for Career and Technical Schools
10 N Senate Avenue, Suite SE 308
Indianapolis IN 46204

OCTS@dwd.in.gov
<http://www.in.gov/dwd/2731.htm> 317-234-8338 or 317-232-1732

For a student to cancel a course they must submit a cancellation refund requests to: A.C.M.S., 100 South Main St., Crown Point, IN 46307. Must be post marked as of the 7th day.

This contract is not subject to any change unless it is in written form and authorized by the student and school. Class schedules may change as deemed needed or based on enrollment and current hour requirements.

Complaints must be submitted to the school to be resolved before submitting to OCTS.

Then complaints against the school can be submitted to OCTS.

In the event that A.C.M.S. is required to take legal recourse against me for breach of contract, I understand that, in addition to the full cost of the instructional program, I'll be responsible for all attorney fees, late fees and court cost incurred by A.C.M.S. in pursuing the unpaid balance or other breach. I also agree that the legal venue will be in Lake County Indiana. I will also agree to forfeit any Massage Therapist License.

Buyer Notification

1. Do not sign this agreement before you read it or if it contains any blank spaces.
2. This is a legal instrument. All pages of the contract are binding. Read all pages before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. Every assignee of this contract takes it subject to all claims defenses of the buyer or his successors in interest arising under this agreement.
5. This contract and the school catalog constitute the entire agreement between the buyer and the school.
6. Under law you have the right among others, to pay the full amount due and to obtain under certain conditions a partial refund of the finance charge.
7. The agreement is a legally binding instrument when signed by the student and accepted by the school.
8. The terms and conditions of this agreement are not subject to amendment or modification by oral agreement.
9. Any changes in this agreement shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian.
10. I certify that I have received a copy or viewed the web site of this school's current catalog and that I agree to the catalog and the terms set forth in this agreement

Signature of Buyer _____ Signature Parent/ Co-signer _____ Date _____

Signature of School Director _____ Date _____