

**Enrollment Agreement**  
**American College**  
*Massage School*

(Previously known as American Certified Massage School)  
**100 South Main St. Crown Point, IN 46307**

## To Enroll in Reflexology:

1. Sign all signature locations.
2. Submit all pages by mail to ACMS, 100 S. Main St. Crown Point, IN 46307.
3. Remit \$390.00 and a copy of your drivers license.
4. **Circle** the Campus you wish to attend: **Crown Point** or **Elkhart**
5. Complete page 1 and 2 of this contract. (Two-sided)

Name _____ (first, middle initial, last)	<u>Spring Class</u>
Address _____	
City _____	
State _____	
Zip Code _____	Birth Date ____ - ____ - ____
Home Phone ____ - ____ - ____	
Work Phone ____ - ____ - ____	

Course and Campus	Start Date	Time	Number of Weeks	Tuition	Student Initials	A.C.M.S Initials
<b>Crown Point Reflexology</b>	<b>Tuesday 30Jul2024</b>	<b>5:30pm-7:30pm</b>	<b>6</b>	<b>\$390</b>		
<b>Elkhart Reflexology</b>	<b>Tuesday 30Jul2024</b>	<b>5:30pm-7:30pm</b>	<b>6</b>	<b>\$390</b>		

**Issue 27**

I, \_\_\_\_\_, (Print) enroll in the course(s) listed 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 above.

√  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Co-Signer (if needed) \_\_\_\_\_ Date \_\_\_\_\_

***How do you anticipate paying your tuition?***

**Circle:** 1. Check or Money Order.   2. Credit Card.   3. Cash

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 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. Student Protection Fund IC 22-4.1-21-15 and IC 22-4.1-21-18 requires each educational institution accredited by the Office for Career and Technical Schools to submit an institutional surety bond and contribute to the Career College Student Assurance Fund which will be used to pay off debt incurred due to the closing of a school, discontinuance of a program, or loss of accreditation by an institution. To file a claim, each student must submit a completed "Student Complaint Form." This form can be found on OCTS's website at <http://www.in.gov/dwd/2731.htm>. OCTS Refund Policy Revised 8/21/17 \_\_\_\_\_  
**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 any discount are 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.

This institution is regulated by:  
Office for Career and Technical Schools  
10 N Senate Avenue, Suite SE 308  
Indianapolis IN 46204  
[OCTS@dwd.in.gov](mailto:OCTS@dwd.in.gov)  
317-234-8338 or 317-232-1732  
<http://www.in.gov/dwd/2731.htm>

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 7<sup>th</sup> 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. ACMS reserves the right to change class times or locations.

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 \_\_\_\_\_