

# Application and Enrollment Agreement

## Dental Staff Institute, LLC

3320 Siskey Parkway, Suite 100-A, Matthews, NC 28105

Office: 704-234-7014

FAX: 704-234-7015

Website: www.dentalstaffinstitute.com

email: admissions@dentalstaffinstitute.com

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Highest Level of Education:  High School or  GED plus highest grade attended: \_\_\_\_\_  
 Some College  Some Dental

Name of Highest Schooling Attended: \_\_\_\_\_

City and State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

(Please attach degree or other proof of completion)

How did you learn about Dental Staff Institute, LLC? (Please Check one)

Newspaper  Catalog  Flyer  Employer/friend  Internet  Conference  Radio

I am hereby applying for enrollment in the following academic program.

My enrollment is subject to the terms and conditions stated in this enrollment agreement.

<u>Program</u>	<u>Deposit</u>	<u>Tuition &amp; Fees</u>
<input type="checkbox"/> MDA001 – Modern Dental Assisting	\$45.00*	\$2,980.00
<input type="checkbox"/> DR001 – Dental Radiography		\$560.00
<input type="checkbox"/> CP001 – Coronal Polishing^		\$395.00
<input type="checkbox"/> NO001 – Nitrous Oxide Analgesia^		\$295.00
<input type="checkbox"/> ALT001 – Advanced Laboratory Techniques^		\$485.00

\* \$45 nonrefundable registration fee due with this agreement. Upon Acceptance, an additional deposit of \$350 will be due to reserve your seat.

^ DA II prerequisite; Students must submit proof of their NC certificate prior to enrollment.

*Fees are payable by cash, check (made out to Dental Staff Institute, LLC) or Visa, MasterCard and all funds need to clear before the deadline dates.*

### Cancellation and Settlement Policy

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid less a \$45 registration fee. The refund shall be made no later than thirty days after receipt of your cancellation. This provision shall not apply if the enrollment is less than 14 days prior to the start of classes.

### Refund Policy

If the student is not accepted into the training program, all monies paid by the student shall be refunded less the \$45 registration fee.

Tuition for one and two day courses is due in full at the time of registration. Refunds will be issued up to 14 days before the start of your class less a \$45 application fee. Beyond the deadline, you may use your tuition towards another course, if available. There is a \$25 change fee to reprocess your paperwork and re-enroll you in the new class. Once your class has started there are no refunds.

There is a non-refundable \$45 registration fee for the MDA001 10 week course. Once accepted, a \$350 deposit is required to reserve your seat. This deposit is non-refundable less than 60 days before the start of your first class. The balance of tuition is due no less than 30 days before the start of your first class. Should you decide that you do not wish to enroll, tuition is refundable up to 14 days before the start of class less your deposit and registration fee. Once your class starts, refunds for tuition shall be made in accordance with following provisions:

- 1) A student who starts class and withdraws before week 3 will be entitled to a 75% refund of tuition and laboratory fee less the deposit, registration fee and distributed textbooks or supplies.
- 2) A student who starts class and withdraws before week 5 will be entitled to a 50% refund of tuition and laboratory fee less the deposit, registration fee and distributed textbooks or supplies.
- 3) A student who starts class and withdraws on or after week 5 will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

### Complaint or Grievance Procedure

**All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the NORTH CAROLINA COMMUNITY COLLEGE**

**SYSTEM**

**Academic and Student Services  
Office of Proprietary School Licensing and Services**

200 West Jones Street  
Raleigh, North Carolina

Mailing Address:

5016 Mail Service Center

Raleigh, North Carolina 27699-5016

Phone: (919) 807-7146

Fax: (919) 807-7164

E-Mail: [pettittj@ncccs.cc.nc.us](mailto:pettittj@ncccs.cc.nc.us)

Website: <http://www.ncccs.cc.nc.us>

I acknowledge that I have received a school catalog and agree with the school policies and procedures as stated. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant must be 18 years of age at time of registration or have parent/guardian signature.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Interview for MDA001 only – Personal and Confidential**

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Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

1. What interested you about dental assisting to apply to the DSI 10 week DA1 course?

2. What three skills do you believe you already possess which will enable you to succeed?

3. On a scale from 1 to 10, how would you rate your study skills? \_\_\_\_\_

4. What do you feel are the three most important attributes a dental assistant should possess?

5. Do the best you can to explain what you feel is the function of a good dental assistant:

**Please attach or send proof of high school or equivalency degree and payment of \$45 to complete your application. Checks may be made out to Dental Staff Institute,LLC. We will contact you shortly to confirm your application.**