

# STUDENT ENROLLMENT AGREEMENT



Eze Learning Center for Healthcare Professions  
9411 Parkfield Drive, Suite 310  
Austin, Texas 78758  
(512) 719-3007

## Student Information

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required for certifications /state registries)

Telephone: Primary: (\_\_\_\_) \_\_\_\_\_ Alternate: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are you currently employed:  Yes  No

If yes, where? \_\_\_\_\_

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

Are you over the age of 17 (minimum accepting age)?  Yes  No

*\*If no, a parental signature must accompany each area below a student's signature.*

One of the following is **mandatory** for your student file:

- Please select:  Official High School Transcripts  
 Official College Transcripts  
 GED (Official Certificate with score)

## Program Information

Program Title: *Nurse Aide / Med. Aide* Clock Hours: \_\_\_\_\_

Class Schedule:  Evening Class  Day Class

Starting Date: \_\_\_\_\_

Anticipated Ending Date: \_\_\_\_\_

### **\*Required Information**

Gender:  F  M

Height: \_\_\_\_ ft \_\_\_\_ in

Eye Color: \_\_\_\_\_

Race:

- White/Caucasian  
 Black/African American  
 Hispanic  
 Pacifica Islander  
 Asian  
 American Indian/Alaskan  
 Other \_\_\_\_\_

## **Tuition and Financial Arrangements**

### **Nurse Aide Program**

Tuition	\$850.00
Textbook	\$50.00
Supplies	\$75.00
Testing Fee	\$95.00
Registration/ Miscellaneous Fees	\$50.00

### **Total Course Fee**

**\$ 1120.00**

### **Medication Aide Program**

Tuition	\$1050.00
Textbook	\$150.00
Supplies	\$95.00
Testing Fee	\$50.00
Registration/ Miscellaneous Fees	\$50.00

### **Total Course Fee**

**\$ 1395.00**

### **Medication Aide Continuing Education Program**

7 Hour Refresher Course = **\$100.00**

Required Textbook: None

### **Method of Payment and Payment Schedule**

Tuition and/or deposit may be paid by CASH or CHECK only

Fees are expected to be paid in full but payment arrangements made be made as follows.

Fifty percent on the first day

Twenty Five percent by the end of the second week

Twenty Five percent by the end of the fourth week

(Note: No interest is charged for the payment arrangement enumerated above)

### **POLICY ON GRANTING CREDIT**

While Eze Learning Center does not offer credit-hour classes, we will review credit from previous education in accordance with Texas Education Statutes code (sec.132.055 (d)).

## **Cancellation and Refund Policy**

### CANCELLATION POLICY

A full refund will be made to any student who cancels the enrollment contract within 72 hours (until midnight of the third day excluding Saturdays, Sundays and legal holidays) after the enrollment contract is signed or within the student's first three scheduled class days (does not apply to Seminars).

### REFUND POLICY

1. Refund computations will be based on scheduled course time of class attendance through the last date of attendance. Leaves of absence, suspensions and school holidays will not be counted as part of the scheduled class attendance.
2. The effective date of termination for refund purposes will be the earliest of the following:
  - (a) The last day of attendance, if the student is terminated by the school;
  - (b) The date of receipt of written notice from the student; or
  - (c) Ten school days following the last date of attendance.
3. If tuition and fees are collected in advance of entrance, and if after expiration of the 72 hour cancellation privilege the student does not enter school, not more than \$100 in nonrefundable administrative fees shall be retained by the school for the entire residence program or synchronous distance education course.
4. If a student enters a residence or synchronous distance education program and withdraws or is otherwise terminated, the school or college may retain not more than \$100 in nonrefundable administrative fees for the entire program. The minimum refund of the remaining tuition and fees will be the pro rata portion of tuition, fees, and other charges that the number of hours remaining in the portion of the course or program for which the student has been charged after the effective date of termination bears to the total number of hours in the portion of the course or program for which the student has been charged, except that a student may not collect a refund if the student has completed 75 percent or more of the total number of hours in the portion of the program for which the student has been charged on the effective date of termination.<sup>1</sup>
5. Refunds for items of extra expense to the student, such as books, tools, or other supplies should be handled separately from refund of tuition and other academic fees. The student will not be required to purchase instructional supplies, books and tools until such time as these materials are required. Once these materials are purchased, no refund will be made. For full refunds, the school can withhold costs for these types of items from the refund as long as they were necessary for the portion of the program attended and separately stated in the enrollment agreement. Any such items not required for the portion of the program attended must be included in the refund.

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<sup>1</sup> More simply, the refund is based on the precise number of course time hours the student has paid for, but not yet used, at the point of termination, up to the 75% completion mark, after which no refund is due. Form PS-1040R provides the precise calculation.

6. A student who withdraws for a reason unrelated to the student's academic status after the 75 percent completion mark and requests a grade at the time of withdrawal shall be given a grade of "incomplete" and permitted to re-enroll in the course or program during the 12-month period following the date the student withdrew without payment of additional tuition for that portion of the course or program.
7. A full refund of all tuition and fees is due and refundable in each of the following cases:
  - (a) An enrollee is not accepted by the school;
  - (b) If the course of instruction is discontinued by the school and this prevents the student from completing the course; or
  - (c) If the student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school, or representations by the owner or representatives of the school.

*A full or partial refund may also be due in other circumstances of program deficiencies or violations of requirements for career schools and colleges.*

8. REFUND POLICY FOR STUDENTS CALLED TO ACTIVE MILITARY SERVICE.

A student of the school or college who withdraws from the school or college as a result of the student being called to active duty in a military service of the United States or the Texas National Guard may elect one of the following options for each program in which the student is enrolled:

- (a) if tuition and fees are collected in advance of the withdrawal, a pro rata refund of any tuition, fees, or other charges paid by the student for the program and a cancellation of any unpaid tuition, fees, or other charges owed by the student for the portion of the program the student does not complete following withdrawal;
  - (b) a grade of incomplete with the designation "withdrawn-military" for the courses in the program, other than courses for which the student has previously received a grade on the student's transcript, and the right to re-enroll in the program, or a substantially equivalent program if that program is no longer available, not later than the first anniversary of the date the student is discharged from active military duty without payment of additional tuition, fees, or other charges for the program other than any previously unpaid balance of the original tuition, fees, and charges for books for the program; or
  - (c) the assignment of an appropriate final grade or credit for the courses in the program, but only if the instructor or instructors of the program determine that the student has:
    - (1) satisfactorily completed at least 90 percent of the required coursework for the program; and
    - (2) demonstrated sufficient mastery of the program material to receive credit for completing the program.
9. The payment of refunds will be totally completed such that the refund instrument has been negotiated or credited into the proper account(s), within 60 days after the effective date of termination.

### **Grievances/Compliant Resolution Policy:**

Any student complaint must be discussed or directed to the Instructor following the appropriate chain of commands. This complaint must be in writing. If the student and the Instructor or Program Director cannot come to an agreement, the complaint must be presented to the School Administrator to resolve. Students are advised to direct an unresolved grievance to:

Texas Workforce Commission  
Career Schools and Colleges  
101 East 15<sup>th</sup> Street, Room Number 226T  
(512) 936-3100  
Austin, Texas 78778-0001  
<http://csc.twc.state.tx.us>

### REGULATED STATEMENT

Approved and Regulated by the Texas Workforce Commission, Career Schools and Colleges, Austin, Texas.”

### ACKNOWLEDGEMENT

This document and the catalog constitute a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized. Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder.

### **Course Requirements/Materials**

Student is responsible for the following **before** the 1<sup>st</sup> day of class:

- **TB TEST RESULTS** – proof of negative reaction or a negative chest x-ray from within the past 12 months.
- **IMMUNIZATION RECORDS** – MMR (measles, mumps rubella) & chicken pox
- **HEPATITIS B VACCINE** – can provide proof that you have started/completed the series of Hepatitis B Vaccines and/or sign the Hepatitis B Vaccine Advisory Waiver
- \* **OFFICIAL HIGH SCHOOL TRANSCRIPTS** or **OFFICIAL COLLEGE TRANSCRIPTS** or **OFFICIAL COPY OF A GED SCORE** (Copies of diplomas, equivalency certificates, and unofficial copies cannot be accepted. An official copy must be mailed to our facility or delivered in person. Faxed copies do not constitute as “official”.)

\* Note: Transcripts and other qualifying academic requirements must be provided by the student and verified before acceptance into the program in order to complete the application process.

Student is responsible for the following **before** Clinical Training: Approved clinical scrubs, white shoes, watch with a second hand, stethoscope, and blood pressure cuff.

### **CELL PHONE POLICY**

Cell phone interruptions during class will not be tolerated. You must come to class prepared – meaning your cell phone is on silent or vibrate.

**NO CELL PHONES ARE PERMITTED INSIDE FACILITIES HOSTING CLINICALS.**  
**NO EXCEPTIONS!**

## **BACKGROUND HISTORY QUESTIONNAIRE**

1. Have you ever been convicted of a criminal offense, whether a misdemeanor or felony (other than minor traffic violations)?

If yes, please explain – using the reverse side of this paper if necessary.

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2. Have you ever been convicted of abuse or neglect of another person in your care?

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By signing this questionnaire, I understand that I am subject to a criminal background check and further understand that I must answer these questions as honestly and completely as possible. Any criminal history could prevent the ability of becoming a healthcare professional and, if able to be certified, could result in difficulty locating employment because of such a background.

Convictions will prevent a student from being admitted and any money paid towards actualizing admission and or enrollment (except background check fee) will be returned since the affected student will be deemed ineligible to enroll in school.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature, if student is under 18

\_\_\_\_\_  
Date

## **Substance Abuse & Weapons Policy**

This policy statement is to inform you that, as a student of this facility, you may be subject to a random drug screening at the discretion of the Facility Director at any given time during the course. If tested positive under any substance, in which unable to provide a prescription, an additional drug test by blood sample must be completed and proved negative before the student would be allowed to return to Eze Learning Center for Healthcare Professions. The blood test will be at the expense of the student, if needed. Any absences related to these circumstances would be considered unexcused and, if excessive, could result in dismissal from the program due to insufficient attendance. If the student does test positive for any prescription narcotics in which a prescription can be provided, a physician's written statement that the student is competent and physically capable of providing patient care may be necessary.

In addition, firearms, knives or any other items that could be used as a weapon are not permitted inside this facility. Under no circumstances will it be acceptable to be in possession of anything that would make another student feel unsafe or threatened.

Refusal to comply with these policies may result in your immediate termination from the program. Upon dismissal, all money paid toward course costs will be subject to the TWC refund policy.

By signing below, I acknowledge that I have read, understand and agree to abide by this policy.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature, if under 18

\_\_\_\_\_  
Date

# **HEPATITIS B VACCINATION ADVISORY**

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS, I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBV) INFECTION. I HAVE BEEN HIGHLY ENCOURAGED TO RECEIVE THE HEPATITIS B VACCINATION AT MY OWN EXPENSE, IF NOT PREVIOUSLY VACCINATED. I UNDERSTAND THAT IF I DECLINE THE HEPATITIS B VACCINATION AT THIS TIME, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS CHRONIC DISEASE THAT HAS NO CURE.

IF PREVIOUS VACCINATION HAS NOT TAKEN PLACE, I UNDERSTAND IT IS PREFERABLE TO START THE ROUND OF THE THREE INJECTIONS TO MAINTAIN OPTIMAL HEALTH.

\_\_\_\_\_  
Student (Print Name)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature, if under 18

\_\_\_\_\_  
Date

**STUDENT NOTICE**

**PLEASE READ THIS ENROLLMENT PACKAGE COMPLETELY. BY SIGNING BELOW YOU ARE ACKNOWLEDGING THE FOLLOWING:**

**Acknowledgement**

1. I have toured the school and received a copy of the Institution’s catalog before signing this enrollment agreement.
2. I was given time and opportunity to review the school policies and catalog.
3. I have read and understand this enrollment agreement and know the total tuition and fees, including cost of books and any additional equipment.
4. I understand that class attendance is mandatory and that should I fail to meet the minimum required attendance I will not be allowed to complete this class and I will be required to re-enroll, including full cost for the class, if I wish to complete.
5. No verbal statements have been made to the contrary to my understanding what is contained in this agreement
6. I understand the school cancellation and refund policy and know that if I wish to cancel this agreement, I must do so in writing as stipulated in the TWC cancellation policy.
7. I agree to abide by the school’s policies as stated in my enrollment agreement and school catalog.
8. I realize that any grievances not resolved on the institutional level may be forwarded to;

Texas Workforce Commission  
Career Schools and Colleges  
101 East 15<sup>th</sup> Street, Room Number 226T  
(512) 936-3100  
Austin, Texas 78778-0001  
<http://csc.twc.state.tx.us>

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature, if under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date