

**ENROLLMENT AGREEMENT: (Regular installment)**

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Dental Careers of the North Shore  
5 Leo Rd. Marblehead, MA 01945  
Program or Course Name: (Dental Assisting-10-week Certificate Program)

781-789-6639

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

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

Entrance Requirements: **Student must be at least 18 years of age.**

Period beyond which late registration will not be accepted: **one week before start of class**

Clock Hours: **8:00 AM – 5:00 PM**

Date Program or Course Starts: \_\_\_/\_\_\_/\_\_\_ Date Program or Course Ends: \_\_\_/\_\_\_/\_\_\_

Tuition Fee: **\$2,300**      Application Fee: **\$100**      Total Charges **\$2,4000**

Method of Payment: **\$800.00** is due before, or on the first day of class. The remainder is paid **\$150.00** per week by Cash, Check, Credit, MasterCard, Visa

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**REFUND POLICY: (AS PER M.G.L. CHAPTER 255, SECTION 13K)**

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate the this agreement during the second quarter of the program, you will receive a refund of at least fifty percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate the this agreement during the third quarter of the program, you will receive a refund of at least twenty five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate the this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

**Administrative Costs Equal: (\$50)**

**(A COMPLETED & SIGNED COPY OF THIS AGREEMENT MUST BE PROVIDED TO THE STUDENT)**

This School is licensed by the The Office of Proprietary Schools at the Commonwealth of Massachusetts Department of Elementary & Secondary Education. Any comments, Questions, or concerns should be directed to [PROPRIETARYSCHOOLS@DOE.MASS.EDU](mailto:PROPRIETARYSCHOOLS@DOE.MASS.EDU) or 781-338-6048

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_