

ENROLLMENT AGREEMENT

WOBURN ELECTRICAL SCHOOL OF CODE AND THEORY

781-223-1924 email: woburnelectrical@comcast.net mailing address: 14 Orange St. Woburn, Ma 01801

STUDENT NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ EMAIL: _____

PROGRAM OR COURSE NAME: _____

ENTRANCE REQUIREMENTS 18 YRS OLD HIGHSCHOOL OR EQUIVALENT CLOCK HOURS: _____

PERIOD BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED: AFTER FIRST 25% OF THE CLASS.

DATE: _____ PROGRAM OR COURSE (CHECK ONE) BEGINS: / /

DATE: _____ PROGRAM OR COURSE (CHECK ONE) ENDS: / /

TUITION FEE: \$ _____

BOOKS: \$ _____

SUPPLIES: \$ _____

OTHER CHARGES: \$ _____

TOTAL CHARGES: \$ _____

DISCOUNTS: \$ _____

ADJUSTED TOTAL CHARGE: \$ _____

ESTIMATE OF ADDITIONAL EXPENSES TO BE INCURRED BY STUDENT: _____

STUDENT'S METHOD OF PAYMENT:

_____ CASH

_____ CHECK

_____ SCHOOL PAYMENT PLAN (\$200 down, \$200 monthly- *first of the month*)

_____ PAYPAL

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

1. You may terminate this agreement at any time.	N/A
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. Refund Amount:	5th day after date both parties have signed the contract
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. Refund Amount:	Program start date
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. Refund Amount:	Last date of first quarter
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount:	Last date of second quarter
6. If you terminate 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 Refund Amount:	Last day of third quarter
7. If you terminate 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.	5th day after date both parties have signed the contract
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.	N/A
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.	First day of fourth quarter

Initial: _____

Administrative Costs Equal: Twenty-five Dollars

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment. Refund Amount: \$__

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the school shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice:

__ hard copy
(Student Initials)

__ I understand this contract will not be in force and effect until signed by both myself and a school representative.

__ I have received a copy of the school's complaint procedures policy.

__ I understand the refund policy as stated above.

__ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Commonwealth of Massachusetts Division of Occupational Licensure

Office of Private Occupational School Education, 1 Federal Street Suite 600, Boston, MA 02110-2012.

Any comments, questions, or concerns about this school's license should be directed to occupational.schools@mass.gov or 617-701-8719, dial "0."

STUDENT'S SIGNATURE: _____

DATE: _____

PRINT STUDENT'S NAME: _____

DATE: _____

SCHOOL OFFICIAL'S SIGNATURE: _____

DATE: _____

PRINT SCHOOL OFFICIAL'S NAME: _____

I, the student, have received a completed and signed copy of this agreement on date: _____

__ (Students Initials)

Initial: _____