

STUDENT ENROLLMENT AGREEMENT - Rosewood Career Institute Inc.

14614 Falling Creek Drive #206, Houston, Texas 77068; (281) 975-1763

STUDENT INFORMATION

Student First & Last Name: _____	
Address: _____	City/State/Zip: _____
Phone Number _____	Email: _____
Emergency Contact's Name & Number _____	

COURSE and COURSE COST

Course Name:	Psychiatric/Mental Health Technician Program		
Course Length:	42 Contact Hours	Date the training is to begin:	
Tuition:	\$900.00	Other Expenses: (list separately)	\$0.00
Books*:	\$0.00	Registration:	\$100.00
Supplies*:	\$0.00		
* Fee is estimated and based on current cost and subject to change.			
TOTAL COST:	\$1000.00		

METHOD OF PAYMENT

Method of Payment (check one)			
Money Order/Check ()	Debit/Credit Card ()	Cash ()	Payment Plan ()
1 st Payment amount	\$	DUE DATE ___/___/___	
2 nd Payment amount	\$	DUE DATE ___/___/___	
3 rd Payment amount	\$	DUE DATE ___/___/___	
4 th Payment amount	\$	DUE DATE ___/___/___	

The school allows students to pay their tuition balances upfront entirely or make weekly payments for the same amount. The following are financial payment plans that are available:

1. Payment in full with check, money order, debit/credit card or cash or before the first day of school.
2. Interest-free payment plan: Students may choose to make weekly payments by dividing the total balance in 4 payments. Payments will be made the first day of each week at the beginning of each class. A charge of \$35.00 will be made for selecting the payment plan option for administration, but no interest is charged.

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. A full refund will also be made to any student who cancels enrollment within the student's first three scheduled class days, except that the school may retain not more than \$100 in any administrative fees charged, as well as items of extra expense that are necessary for the portion of the program attended and stated separately on the enrollment agreement.

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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 any administrative fees charged 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 after the cancellation period, the school or college may retain not more than \$100 in any administrative fees charged 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.
5. Refunds for items of extra expense to the student, such as books, tools, or other supplies are to 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.
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

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- (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 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.

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.

DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

THIS AGREEMENT IS LEGAL AND BINDING ONLY IF SIGNED BY THE STUDENT AND A SCHOOL REPRESENTATIVE.

ACKNOWLEDGMENTS		
<i>Approved and regulated by the Texas Workforce Commission, Career Schools and Colleges, Austin, Texas.</i>		
<i>I have received a copy of this enrollment agreement and current school catalog.</i>	Student Initials: ()	
_____ Signature of Student	_____ Date	_____ Printed Name of Student
_____ Signature of Authorized School Official	_____ Date	Cindy Ugbaja Printed Name of Authorized School Official

Record of Previous Education and Training

Texas Workforce Commission – Career Schools and Colleges

School Name: Rosewood Career Institute

Authority for Data Collection: *Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)*

Planned Use of the Data: This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.

Instructions: Complete each item on front and back. If an item is not applicable, write "NA." If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school's evaluation of the student's skills. Attach additional pages as needed. The completed form is to be maintained in each student's file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

Student Information

Name: _____ SSN: _____ Date of Birth (mm/dd/yy): _____

Name of Program: Psychiatric/Mental Health Tech

Secondary Education: High School Diploma Home Schooled GED

Post-secondary Education

Type of School	Name and Location of School	Dates Attended				Graduated		Type of Diploma/ Degree	Major Field of Study
		From MO	YR	To MO	YR	YES	NO		
College or University						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Other						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

Previous Training

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

Student Certification

I certify that all the above information is true and complete.

(Signature of Student)

(Printed Name of Student)

Date (mm/dd/yy)

FOR SCHOOL USE ONLY

Entrance Test: _____ (Score)

(Name and Version)

School Evaluation of Previous Education and Training

Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years' experience, and transcript information.

Subject	Course Time * Hours of Credit	Justification of Credit

Credit / Price Adjustments

		Tuition	Other	Total
Original Program Length: _____ Hrs*	Original Cost	\$ _____	\$ _____	\$ _____
Less Credit Granted _____ Hrs*	Less Credit Granted	(\$ _____)	(\$ _____)	(\$ _____)
Adjusted Program Length _____ Hrs*	Adjusted Cost	\$ _____	\$ _____	\$ _____

*Course Time

- I certify that all information provided by the student has been evaluated and that the student will not receive credit.
- I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein.

(Signature of Authorized School Official)

(Printed Name)

Date (mm/dd/yy)

Student Acknowledgment *Do not sign below unless the information above is complete and signed by the school official.*

I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

- I will receive the above stated credit, or
- I will **not** receive credit.

(Signature of Student)

(Printed Name of Student)

Date (mm/dd/yy)

* **Course Time** (actual hours): the total hours of time experienced by the student in the course for all types of course time, including classroom, lab and externship hours. An hour of course time is equivalent to a 50-minute to 60-minute lecture, recitation, class (including a laboratory class or shop training) or internship, within a 60-minute period, or 60 minutes of preparation in asynchronous distance education. Intensity of course time hours varies by school and program, but typically, 100 course time hours is equivalent to about a month of full time school.

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

Receipt of Enrollment Policies

Texas Workforce Commission – Career Schools and Colleges

Rosewood Career Institute

(Name of School)

Authority for Data Collection: *Texas Education Code, Section 132.055 & Texas Administrative Code, Section 807.193.*

Planned Use of the Data: To provide evidence of receipt of that information which is required by law to be provided the student prior to enrollment.

Instructions: This form is to be completed by the student prior to enrollment and the completed form maintained by the school in each student's file. A copy of the completed form will be given to the student. If additional clarification is needed, contact Career Schools and Colleges at (512) 936-3100.

This information is provided for the student's protection. Ensure each item of information is given to the student, fully explained and all questions answered prior to signing an enrollment agreement or contract.

The prospective student must acknowledge receipt by initialing in the space provided on the bottom of the first page and signing at the end of the form.

A:

I have received prior to enrollment:

- a copy of the school catalog and a program/course outline for the program(s) in which I wish to enroll.
- a schedule of the tuition, fees, and other charges.
- a copy of the cancellation and refund policy.
- the attendance, progress and grievance policies.
- rules of operation and conduct.
- regulations pertaining to incomplete grades.
- written and verbal explanations of the difference between a LOAN and a GRANT.
*(Complete this item only if the school participates in a loan or grant program.)
- an invitation to tour the school's facilities and inspect equipment related to my planned program of instruction. (As an enrolling student, you will be asked to sign and date a receipt on the day you receive your required tour of the school.)
- notice of all policies related to program interruption prior to completion. If printed in the school catalog, the policies are on page(s):** 2 & 3

B:

- If the school awards credit hours, I understand that transferability of any credit hours earned at this school may be limited. I have also been provided a list of all known Texas institutions of higher learning and state technical institutes that will accept any or all of the credit hours earned at this school.

(Student Initials)

C:

- I have furnished information disclosing my previous education, training, and work experiences. I understand this will be evaluated and may result in my program/course length being shortened and the cost being reduced.
- I further realize that any grievances not resolved by the school may be forwarded to the Texas Workforce Commission, Career Schools and Colleges, Room 226T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- A comparison of the cost to me for a similar course or program at other schools is available by contacting the Texas Workforce Commission, Career Schools and Colleges, Room 226T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- Employment in this career field (*does*) (*does not*) require state or national licensing, certification, or registration.

 (Name of State or National License, Certificate, or Registration, if required)

PROGRAM: _____	REPORT YEAR: _____
NUMBER ENROLLED: _____	NUMBER OF JOB OPENINGS FOR THE LAST 12 MONTHS: _____ (if data is available)
NUMBER OF GRADUATES: _____	
COMPLETION RATE: _____ %	AVERAGE YEARLY STARTING SALARY: _____ (if data is available)
NUMBER OF GRADUATES EMPLOYED: _____ (Graduates that found a job related to training)	YEARLY STARTING SALARY RANGE: _____ (if data is available) (Low)
EMPLOYMENT RATE: _____ %	(High)
NUMBER OF GRADUATES PLACED: _____ (Graduates that found a job related to training, <u>with the school's assistance</u>)	EXAM PASSAGE RATE: _____ % (for programs that prepare for state licensing, certification, or registration exams)
PLACEMENT RATE: _____ %	

(Additional information may be attached.)

D:

I understand that my certificate of completion and my transcript may be withheld if I have not fulfilled my financial obligations to this institution at the time of my graduation.

I certify that I have been provided all of the information above prior to my enrollment.

I understand that it is my responsibility to notify the school if I withdraw prior to completion.

I will receive a copy of this completed form and a copy of my enrollment agreement when signed.

 (Signature of Student)

 Date (mm/dd/yyyy)

 (Signature of School Official providing the information)

 Date (mm/dd/yyyy)

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Telephone Number: _____

Drivers License Number / State Issued: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Rosewood Career Institute** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Rosewood Career Institute** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Rosewood Career Institute**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: ____/____/____

Consent, Waiver of Liability and Hold Harmless Agreement

I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE

ROSEWOOD CAREER INSTITUTE (Name of School) or any of its employees (hereinafter referred to as RELEASES) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any losses, damage, or injury including death that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES, or otherwise, while participating in such activities, or while traveling to or from, in on, or upon the premises where the activity is being conducted. These activities include clinical practicum externship, which I grant my consent to complete.

I acknowledge that the RELEASES have relied upon this representation in allowing me to participate in these activities. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS OF PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH or FETAL DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in the activity of ROSEWOOD CAREER INSTITUTE.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASES from any loss, liability, damage, or costs, including court and attorney fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE or otherwise. Lost and/or damaged items shall not be the responsibility of the School.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse if I am alive and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASES IN SIGNING THIS RELEASE, I do ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement understand it, and sign it voluntarily as my own free act and deed and based upon no representation that is not contained herein. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Student's Name (PRINT) _____

Student's Signature _____ Date _____

School Official's Signature _____ Date _____

Acknowledgment of Tour Form

My printed name is _____ and I
acknowledge having received a tour of the Nurse Aide Training Program's
premises and facilities on today's date, which is _____
(date). My signature, noted below, indicates that this information is true and
correct.

Student's Signature _____ Date _____

School Official's Signature _____ Date _____