Contact:
info@aspiredentalassistantacademy.com
https://aspiredentalassistantacademy.com/
(848) 368-0138
School Director: Alicia Melendez

Facility Clinical / Lab Location:

Rainier Pediatric Dentistry
6003 100th St. SW, Lakewood, WA

Seahurst Park Dentistry
14411 Ambaum BLVD SW, Burien WA 98166

ENROLLMENT AGREEMENT

THIS AGREEMENT, UPON ACCEPTANCE BY THE SCHOOL, AND TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN ASPIRE DENTAL ASSISTANT ACADEMY, LLC AND THE STUDENT. IF THE STUDENT IS UNDER EIGHTEEN (18) YEARS OF AGE, THIS AGREEMENT SHALL ALSO BE EXECUTED BY THE STUDENT'S PARENT OR LEGAL GUARDIAN, WHO AGREES TO THE TERMS AND CONDITIONS OF THIS ENROLLMENT AGREEMENT.

12-Week Entry-Level Dental Assistant Program

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL ADDRESS:		CELL PHONE #:
DOB:	ARE YOU CURRENTLY PREGNANT: YES NO	HIGHEST LEVEL OF EDUCATION YOU HAVE: GED HIGH SCHOOL OTHER

MEDICAL INS INFORMATION:	EMERGENCY CONTACT FIRST & LAST NAME:	EMERGENCY CONTACT PHONE NUMBER:

MEDICAL CONDITIONS OR CONCERNS:

Latex allergy (at any point in your life)? Yes No

Any other allergies? Yes No

Epilepsy or Seizures? Yes No

Anxiety? Yes No

Hypoglycemic? Yes No

Any other medical conditions we need to be aware of?

_____

_____

_____

_____

Parent / Legal Guardian Information
(Required for Washington students who are 16 or 17 years of age at the time of enrollment.)
Parent/Legal Guardian Name: _____
Relationship to Student: _____
Address (if different from student):

City: _____ **State:** _____ **Zip:** _____
Cell Phone: _____
Email Address: _____

Parent Signature:_____

Program Information:
Program: Entry Level Dental Assisting
Length: 12 Weeks
Clock Hours of Instruction: 120 hours
Credential Awarded: Certificate

Program Disclosures: Completion of this program does not qualify a graduate for state certification.

I acknowledge I am aware that this program is **an accelerated course** and **requires a significant amount of homework (4 to 8 hours per week) outside of class time** for chapter readings, homework assignments, and watching videos. Requires access to a computer, printer, scanning of documents, internet/Wi-Fi, and continual email access. **(Students Initials) _____**

Anticipated Program Start Date: ____/____/20___

Anticipated Program End Date: _____/_____/20___

Washington Students Ages 16-17

Aspire Dental Assistant Academy's Washington program permits enrollment of qualified students who are sixteen (16) or seventeen (17) years of age in accordance with current Washington State Department of Health requirements for Dental Assistant Registration.

Aspire Dental Assistant Academy is licensed by the Washington Workforce Training and Education Coordinating Board (WTB) and is recognized as a bona fide dental assistant education and training program for purposes of Washington State Department of Health guidance regarding Dental Assistant Registration for eligible minors.

Students who are sixteen (16) or seventeen (17) years of age must satisfy all school admission requirements and the following additional requirements:

- A parent or legal guardian must sign this Enrollment Agreement prior to the student's first day of instruction.
- The student must remain eligible to obtain Washington State Dental Assistant Registration under applicable Washington laws and regulations.
- Aspire Dental Assistant Academy reserves the right to communicate directly with the student's parent or legal guardian regarding attendance, academic progress, conduct, scheduling, emergencies, financial matters, or other issues related to the student's enrollment.
- All school policies, academic standards, attendance requirements, clinical requirements, and professionalism standards apply equally to students under eighteen (18) years of age.

This policy applies only to students who are sixteen (16) or seventeen (17) years of age enrolling in the Washington program. Students eighteen (18) years of age or older are enrolled under Aspire Dental Assistant Academy's standard admissions policies.

Student Schedule –

Select a Class Schedule for clinical/lab days – Lecture will be held online (select one):

(Day Sessions):

Saturday's 9:00 am – 3:30 pm (6 hours per week with 30 minute break)_____
Sunday's (Lakewood only) 9:00 am – 3:30 pm (6 hours per week with 30 minute break)_____

OR

(Evening Sessions)

(Lakewood) Tuesday's **AND** Thursday's 5:30 pm – 8:30 pm (6 hours total per week) _____

(Burien) Tuesday's **AND** Wednesday's 6:00 pm – 9:00 pm (6 hours total per week) _____

- As part of the Entry Level Dental Assistant program, students will engage in a blended learning model. Each week, students are required to complete 4 hours of online asynchronous learning, allowing them to study at their own pace and convenience. Additionally, students will be required to participate in 6 hours of on-site learning at a designated remote/clinical location, where hands-on training and instructor-led sessions will take place. It is also expected that students will dedicate an additional 4-8 hours per week to homework, online research, or assignments provided by the instructor.

Program Costs:

Base Tuition = $3895
Registration Fee =$150
Total Tuition = **$ 4045.00**

Included with tuition:

- Access to online course materials
- Access to required clinical/laboratory supplies and equipment
- Textbook -eBook and Evolve student resources for the Modern Dental Assistant 14th ed. ($166.98 value)
- CPR certification course (~$75 value)

Additional costs for which the student is responsible:

- Eye Wear- (Estimated costs $10-25 – Students can find on Amazon or other online vendors)
- Scrub uniform and cuffed lab coat (Estimated Costs $50 - $100)
- Closed toe leather shoe/sneaker (Estimated Costs $25-100)

- Professional Liability Insurance from HPSO.com - $43 annual fee - approximately **(**Students must purchase from HPSO.com – School does not provide)

Program costs may be paid by using any of the following payment methods:

1. **Payment in full** by cash, online pay methods or credit card on or before the first day of class.
2. **Payment plan** – 50% due at time of enrollment agreement signing and final payment due on or before the first day of class, unless other payment arrangements have been made with the student and School Director.

*All prices for the program are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time.

METHOD OF PAYMENT:

I agree that the payment of program costs will be satisfied by (check all that apply):

☐Cash ☐Credit Card ☐ Financial Aid ☐ Scholarship ☐Third Party (e.g. VA, Voc. Rehab., L & I, Employer)

List third party payer: _____

Down Payment	$
Monthly Payment(s)	$
Loan Payment (if applicable)	$

NOTICE OF FINANCIAL OBLIGATION

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under Chapter 28C.10 RCW. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual's enrollment agreement, as well as a copy provided to the enrollee by the school.

ACKNOWLEDGMENT BY ENROLLEE

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and me, provided that I have not entered classes.

Name: _____

Signature: _____

Dated this: _____ day of _____, 20____

ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Name: _____

Title: _____

Signature: _____

Dated this: _____ day of _____, 20____

Transfer of Credits

Aspire Dental Assistant Academy, LLC does not accept transfer credits or coursework from other dental assisting programs due to the specialized nature of our program. **Aspire Dental Assistant Academy, LLC** does not offer credits. The program is measured in clock hours. Therefore, it is unlikely that hours and coursework completed at our school will transfer to other institutions. It is the student's responsibility to confirm whether or not coursework completed at **Aspire Dental Assistant Academy, LLC** will be accepted by another institution of the student's choice.

Cancellation and Refund Policy

Please initial next to each Policy to confirm the agreement.

A student's enrollment may be terminated or canceled for any reason; all refunds will be made according to the following refund schedule:

Refund and Cancellation Policy

Aspire Dental Assistant Academy adheres to the minimum refund standards as prescribed in WAC 490-105-130 (RCW 28C.10.050). Our policy provides transparent and fair treatment for students regarding cancellations, withdrawals, and terminations.

1. Official Date of Withdrawal or Termination

The official date is determined by whichever occurs first:

- The last date of attendance recorded by the school;
- The date the student is terminated for violation of school policy;

- For inactive students, 30 calendar days after the next available start date (unless written consent to remain inactive is obtained). At that point, the student must be formally terminated and refunded as appropriate.

Student Initial_____

2. Timing of Refunds

Refund calculations start from the official withdrawal/termination date and reference the original enrollment agreement. Refunds will be issued within **30 calendar days** of that date.

Student Initial_____

3. Application / Registration Fees

- **If no enrollment agreement is signed and no classes have started**, 100% of any fees paid (including registration) will be refunded.
- If **not accepted** or **class canceled by the school**, all monies paid will be refunded.
- Students may cancel within **five business days** (excluding Sundays/holidays) after signing or first payment, **if training hasn't commenced**, and receive a full refund. Students may cancel by any method, and the burden to prove timeliness rests with the student.

Student Initial_____

4. Resident (On-Campus) or Hybrid Training Refunds

Program specifics: 12 weeks, 120 hours total, 6 hours/week onsite; tuition = **$3,895**, registration fee = **$150**.

- If cancellation occurs **after the 5-business-day window but before the first onsite session**, the school may retain the $150 registration fee.
- Once training begins, the school may retain the registration fee **plus** a percentage of tuition based on completion:

Training Completed	Tuition Retained	Approx. Dollar Retained
≤ 1 week or ≤ 10%	10%	≈ $389.50
>1 week or >10%, <25%	25%	≈ $973.75
25% to 50%	50%	≈ $1,947.50
> 50%	100%	$3,895.00 (no refund)

Student Initial_____

5. Program Discontinuation

If Aspire discontinues the program after classes begin or relocates:

- Students are eligible for a **pro-rata refund** of all tuition and fees,
  or
- **Comparable training** will be provided at another accredited institution (with student's written acceptance).

- Notification to the agency and affected students will be made promptly. Affected students must request refunds within **90 days**.

Student Initial_____

6. Distance Education Portion of the Hybrid Program

(Where applicable—for any online modules):

- Students may cancel within **five business days** after signing or first payment for a full refund of tuition and materials.
- Cancelling after that but **before submitting the first lesson**, the school may retain the $150 registration fee or 15% of tuition (max $150), whichever is less.
- After the first lesson until 50% of online coursework is completed, tuition retention follows:

Lessons Completed	Tuition Retained
0–10%	10%
11–25%	25%
26–50%	50%
>50%	100% (no refund)

Lesson completion is calculated by dividing submitted/graded lessons by total lessons in the online portion.

Student Initial_____

7. Combination / Hybrid Training

- On the enrollment agreement, tuition for the online and onsite portions will be listed **separately** with full program cost totaling $3,895.
- Refunds for the online portion follow the **distance education refund schedule** above.
- Refunds for the onsite portion follow the **resident training schedule** above.
- Students who cancel after paying complete tuition are entitled to retain all course materials, kits, and equipment.

Student Initial_____

- For any course or program that is canceled by **Aspire Dental Assistant Academy**, a full refund to the student will be issued.

Student Initial_____

GROUNDS FOR TERMINATION

I agree to comply with the rules and policies and understand that **Aspire Dental Assistant Academy**, **LLC** shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand I may be withdrawn for a violation of the school's Satisfactory Academic Progress, Attendance, Code of Conduct, and Payment Policies.

I understand that **Aspire Dental Assistant Academy, LLC** reserves the right to modify the rules and regulations and that I will be advised of any and all modifications.

RE-ENROLLMENT

I understand that should I withdraw or be withdrawn from the school, and desire to return, I will be required to sign a new enrollment agreement and start from the beginning of the program, pay the program tuition and fees, the same as a new student. No credit will be given towards previous classes attended or monies paid towards tuition.

GRADUATION REQUIREMENTS

I understand that in order to graduate from the program and to receive a certificate, I must successfully complete the required number of scheduled clock hours as specified in the course catalog and on the student Enrollment Agreement, pass all exams with an 85% or higher and clinical assessments with a 90% or higher and satisfy all financial obligations to **Aspire Dental Assistant Academy, LLC**.

EMPLOYMENT ASSISTANCE

I understand that **Aspire Dental Assistant Academy, LLC** has not made and will not make any guarantee of employment or salary upon my graduation. **Aspire Dental Assistant Academy, LLC** will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

ACKNOWLEDGEMENT

This contract contains the entire agreement between **Aspire Dental Assistant Academy, LLC** and me, and no further modification or representation except as herein expressed in writing will be recognized. I also understand that this agreement will be binding only when it is fully completed, signed and dated by me, the student, and an authorized representative of the school prior to the time instruction begins.

I understand any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student's parent or guardian if he/she is a minor.

Student Initial_____

NOTICE TO PROSPECTIVE STUDENTS: DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ IT OR IF IT HAS ANY BLANK SPACES. ALL SIGNERS HAVE READ AND ARE ENTITLED TO AN EXACT COPY OF THE BINDING CONTRACT AND CATALOG YOU SIGN, KEEP IT TO PROTECT YOUR LEGAL RIGHTS.

NOTICE TO THE BUYER:
Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

CANCELLATION OF CONTRACT:
If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract; the written notice may also be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the applicant.

UNFAIR BUSINESS PRACTICES:
It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her financial sponsors if he/she is a minor, and a written statement notifying all parties that the cancellation and refund policy continues to apply.

Acknowledgement

Please initial next to each Acknowledgment to confirm the agreement.

1. I have received a copy of the School Catalog and Enrollment Agreement. ____
2. I have read and understand this Enrollment Agreement and Catalog. _____
3. No verbal statements have been made contrary to my understanding of what is contained in

this Enrollment Agreement and Catalog. ____

4. I understand that if I wish to cancel this Enrollment Agreement, I must do so in writing within three (3) business days after signing the enrollment agreement and making the deposit or initial payment. _____

5. I agree to abide by the school's policies as stated in my Enrollment Agreement and School Catalog. ____

_____ _____

Student Signature Date

I acknowledge and confirm that this Student Signature constitutes my legal signature.

Student Initials_____

Office Use Only:

- Received Copy of Identification_____
- Received Copy of High School Certificate_____

_____ _____

School Director Signature Date

ATTENDANCE AND NO CELL PHONE POLICY

Students are expected to attend and be on time for all classes. Tardiness can disrupt classmates and instructors. Students who arrive more than 15 minutes late to class will be considered tardy. Tardiness and/or absence from any part of a class/lab will constitute a partial absence. A total of (3) three partial absences will constitute a full absence.

A student that is tardy more than (3) three times will be placed on attendance probation and any further tardiness will result in termination from the program.

Since the program is only 12 weeks in length it is very important to attend all classes. Just (1) missed class can result in the student falling behind in the clinical hands-on portion of the program. The school has no provision for

absences, as there are no make-up days for missed hands on clinical/lab classes. Three (2) absences will result in termination from the program. If a clinical/lab assessment day is missed the student will need to schedule a separate time to retake the assessment with the instructor other than class time and will be subject to pay an

additional $75 fee to retake a missed assessment due to an absence. Fees must be paid prior to the agreed upon assessment retake day and time. If an assessment is missed it must be retaken before the next scheduled class date.

STUDENTS INITIALS _____

Since each class is very important to progress to the next class, tardiness is unacceptable. A missed class will have no chance to be made up and will be the responsibility of the student to follow the program curriculum/outline and keep up to date with the program material that was covered during their missed class time. **If you are going to miss a class or are going to be late you are required to call, text, or email the instructor.** Each student is required to attend all hours of each class unless otherwise cleared by the instructor.

Missed Clinical Hands-On Assessment days are unexcused absences and cannot be made up unless prior arrangements have been made with the Director/Instructor and **will include a $75 Re-Test fee.**

Prior arrangements must be made by any student missing a Clinical Hands-On Assessment Day before the next scheduled class. Missing a Clinical Hands-On Assessment Day without prior approval from the Director of the Program will be an automatic Termination from the Program. If an assessment day is missed the student will need to schedule a separate time to retake the assessment with the instructor other than class time and will be subject to pay an additional $75 fee to retake a missed assessment due to an absence. If an assessment is missed it must be retaken before the next scheduled class date.

STUDENT INITIALS _____

SCHOOL POLICY ON NO CELL PHONE USE DURING SCHEDULED CLASS TIME

Students on their cell phones during class are disruptive to the teachers and fellow students and distract the student from paying attention. Cell phones are NOT ALLOWED during scheduled class time.

If a student is expecting an emergency call, they **MUST inform the instructor at the beginning of class** and will be allowed to leave their cell phones available during class with their ringers on in case they get an emergency call. If the phone rings they can step outside and take the call.

IF THE INSTRUCTOR IS NOT MADE AWARE AT THE BEGINNING OF CLASS AND THE STUDENT IS ON THEIR CELL PHONE DURING CLASS TIME, IT WILL BE AN AUTOMATIC WARNING WITH A PROBATION NOTICE. IF IT HAPPENS A SECOND TIME THE STUDENT WILL BE DISMISSED FROM CLASS FOR THE DAY AND MARKED AS AN UNEXCUSED ABSENCE. (See attendance policy on absences)

STUDENT INITIALS _____

A student may be placed on attendance or academic probation or terminated due to:

- Unsatisfactory Progress on Exams and Clinical Assessments
- Not Turning in Required Assignments on specified due dates
- Unsatisfactory Attendance
- Nonpayment of Fees
- Failure to follow the rules and policies of **Aspire Dental Assistant Academy, LLC**

If a student is terminated from the program for any of the above-mentioned reasons, the student may be readmitted to the following class with the approval of the school director, under the following conditions:

1. The problem which caused the dismissal must be satisfactorily resolved.
2. The student must demonstrate the potential to succeed.
3. The student has paid all the financial obligations to the school, Including and owed monies.
4. Students who are re-admitted are not provided with any financial credit or attendance credit for classes previously completed and must start the program from the beginning and follow the same rules for attendance and financial payments. (See School Catalog for Re Admittance Criteria of the school catalog and in the Enrollment Agreement).

_____ _____

Student Signature **Date**

I acknowledge and confirm that this Student's Signature constitutes my legal signature.

Student Initials_____

Parent / Legal Guardian

(Required for Washington students who are 16 or 17 years of age.)

I certify that I am the parent or legal guardian of the above-named student and have the legal authority to execute this Enrollment Agreement on the student's behalf.

I acknowledge that I have read and understand this Enrollment Agreement and the School Catalog and agree to be bound by their terms and conditions.

Parent/Guardian Printed Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____

Date: _____

Entry Level Dental Assistant Training Program
Verification of Accident-Medical Insurance

I, verify that I am enrolled in the 12 Week Entry Level Dental Assistant Training Program through **Aspire Dental Assistant Academy, LLC**. Clinical/Lab/Remote sites and facilities require students to have their own medical insurance to participate in classroom activities.

Should the need arise for medical care due to an accident or other injury or loss while participating in my regularly scheduled clinical learning activities, my medical expenses will be covered by: *(check the appropriate section below in #1 or #2 and Initial #3)*

1a. **I Have Medical Insurance**

Insurance Company:_____
Policy Number: _____
Effective Date: _____
Expiration Date*: _____

1b. I understand that in the event, my insurance policy does not cover injury, complete loss or damages, or my medical Insurance lapses during the program, I am personally responsible for any such loss, medical damages, or injury I sustain while participating in my regularly scheduled clinical/lab classes.
(Student Initial)_____

OR

2a**. I Have No Medical Insurance**

2b. I acknowledge that I am aware that if I do not have medical insurance during the 12 Week Program and, I am personally responsible for any medical damages or injury I sustain while participating in my regularly scheduled clinical/lab classes.

(**Student Signature) _____**

AND

3. **(Student Initial)_____** I further understand that I am not entitled to any benefits or workers' compensation in the event of any injury occurring on the premises of the class and/or Clinical Site.

Complaint Procedure
Students are encouraged to first address any questions or concerns directly with their instructor. If a satisfactory resolution cannot be reached, students may escalate their concerns to the School Director, Alicia Melendez. All inquiries should be sent via email to:
alicia@aspiredentalassistantacademy.com
Aspire Dental Assistant Academy, **LLC** is licensed under chapter **28C.10** RCW. Inquiries, concerns,

or complaints regarding this school can be made to the Workforce Board, 128 10th Avenue S.W., Olympia, Washington, 98501, **360-709-4600**, web: www.wtb.wa.gov
Email: workforce@wtb.wa.gov.

DISCUSSION ABOUT COMPLAINT POLICY REQUIRED

First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT

a. The school has described the grievance and/or complaint policy to me.
b. I understand that the policy can also be found in the school catalog.
c. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
d. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: http://wtb.wa.gov/PCS_Complaints.asp.
e. I understand that I have one year to file a complaint from my last date of attendance.
f. I further understand that in the event of a school closure, I have 60 days to file a complaint.

g. I also understand that complaints are public records.
h. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at http://wtb.wa.gov/PCS_Complaints.asp

Name: _____ Signature: _____

Date: _____, 20___

ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school's complaint policy.

Name: _____ Signature: _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS ENTIRE FORM, AND HAVE SELECTED THE APPROPRIATE INSURANCE OPTION ABOVE FOR MY SITUATION.

Student's Printed Name: _____

Signature of Student: _____

Date: _____

I acknowledge and confirm that this Student Signature constitutes my legal signature. **Student Initials _____**

Washington Students Ages 16–17 Acknowledgement

(Complete only if the student is sixteen (16) or seventeen (17) years of age.)

The student and parent/legal guardian acknowledge and understand the following:

☐ The student is enrolling in Aspire Dental Assistant Academy's Washington program as a sixteen (16) or seventeen (17) year old student.

☐ The student and parent/legal guardian understand that enrollment in the program does not guarantee eligibility for Washington State Dental Assistant Registration if state laws or regulations change or if the student fails to satisfy Department of Health requirements.

☐ The student and parent/legal guardian understand that all school policies, academic standards, attendance requirements, professionalism expectations, and clinical requirements apply equally to minor students.

☐ The parent/legal guardian authorizes Aspire Dental Assistant Academy to communicate directly with the parent/legal guardian regarding attendance, academic progress, conduct, financial matters, emergencies, and other matters relating to the student's enrollment.

Student Initials _____

Parent/Guardian Initials _____

Parent / Legal Guardian

(Required for Washington students who are 16 or 17 years of age.)

I certify that I am the parent or legal guardian of the above-named student and have the legal authority to execute this Enrollment Agreement on the student's behalf.

I acknowledge that I have read and understand this Enrollment Agreement and the School Catalog and agree to be bound by their terms and conditions.

Parent/Guardian Printed Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____

Date: _____

Aspire Dental Assistant Academy, LLC prohibits any and all forms of discrimination and harassment based on race, color sex, religion, national origin, marital status, age, sexual orientation, or disability in any of its programs, services, or activities.

END OF CONTRACT