Enrollment Agreement – Prevention of Contagious Disease Transmission (3 Hours)
Austin’s School of Spa Technology
855 Central Avenue - Albany, NY 12206 - Phone (518) 438-7879 – www.austin.edu

Name: ___________________________ Soc Sec #: ___________________________ Date of Birth: ________________

Address: ___________________________ City: ___________________________ State: ___________________________ Zip: ___________________________

Home Phone: (___________) Mobile Phone: (___________) E-Mail: __________________________________________

Hours of operation: Monday - Friday 8:45AM-10:00PM, Saturday 8:45AM-3:00PM

I hereby enroll in Austin’s School of Spa Technology, Albany, NY for a program in Prevention of Contagious Disease
Transmission (3 hours):

Starting Date: ___________________________ Scheduled Completion Date: Same as starting date

The program must be completed in its entirety (3.0 instructional hours) and student must pass the final written
examination.

3 INSTRUCTIONAL HOURS:

Scheduled Day and Date: ___________________________ Starting Time: ___________ Ending Time: ___________

Cost of Instruction: Tuition $34.00 Registration Fee $0.00; Books and Supplies $15.00 Total Cost of Instruction $49.00

Students currently enrolled in or graduated from Hairdressing and Cosmetology, Esthetics, Barbering, or Nail Technology
programs will receive a tuition discount of $24.00, bringing the total cost of instruction down to $25.00.

[ ] Check here if eligible and provide your student/graduate ID number: __________________________________________

Method of Payment: Payment in Full Must Be Received Prior to Class Starting Date and Time

REFUND AND CANCELLATION CLAUSE

A. A student who cancels within 7 days of signing the enrollment agreement but before instruction begins receives all
monies returned.

B. Thereafter, a student will be liable for:

1. the cost of any textbooks or supplies accepted plus
2. tuition liability as of the student's last date of physical attendance. Tuition liability is determined by the
percentage of the program offered to the student.

If termination occurs school may keep

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<tr>
<th>Percentage of Program</th>
<th>Tuition Liability</th>
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<tbody>
<tr>
<td>0 - 15% of the program</td>
<td>0%</td>
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<tr>
<td>16 - 30% of the program</td>
<td>25%</td>
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<tr>
<td>31 - 45% of the program</td>
<td>50%</td>
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<tr>
<td>46 - 60% of the program</td>
<td>75%</td>
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<tr>
<td>After 60% of the program</td>
<td>100%</td>
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C. The student refund may be more than that stated above if the accrediting agency refund policy results in a greater
refund.

PROGRAM COMPLETION

A certificate of completion will be issued to the student when all required hours and written tests are completed. All tuition
and any other charges will be due prior to final examination. The school reserves the right to suspend or discontinue any
student for misconduct, infraction of rules, non-payment of tuition, or lack of satisfactory progress.
DISCLOSURE STATEMENT
I have received a copy of student disclosure material.

Applicant's Signature: ____________________________ Date: ______________________

STUDENT STATEMENT
I acknowledge that I have received a copy of the school catalog prior to signing this agreement; that I have read and received a copy of this agreement; and that I will abide by the provisions spelled forth in the enrollment agreement, school catalog, and other school policies and regulations.

Applicant's Signature: ____________________________ Date: ______________________

CO-SIGNER STATEMENT
For value received, the undersigned hereby agrees to be jointly and severally liable with the applicant on the obligations of the applicant hereunder.

Co-Signer's Signature: ____________________________ Date: ______________________

STUDENT ENDORSEMENT
I acknowledge that the agent who enrolled me was:

Agent Name _______________ Certificate # _______ Certificate Exp Date: ____________

Applicant's Signature: ____________________________ Date: ______________________

ACCEPTANCE STATEMENT
This is to certify that in my opinion the above applicant meets the standards for application to Austin's School of Spa Technology.

School Official Signature: ____________________________ Date: ______________________

School Official Name and Title: __________________________________________

Please return this enrollment agreement with your payment in form of check or money order to:

Austin’s School of Spa Technology
Attn: PCDT Course Registration
855 Central Avenue
Albany, NY 12206-1513

Applicants paying cash may drop it their registration/payment off at the Admissions Reception Desk during business hours.

This Space Reserved for School Use Only

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<tr>
<th>Tuition and Fees Received On:</th>
<th>Method of Payment:</th>
<th>Notes:</th>
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