

AVALON MEDICAL CAREER ACADEMY

10101 FONDREN RD. #311A
HOUSTON, TEXAS 77096
PH: (713)272-6820
FAX: (713)272-6890

Test Date: _____ Time: _____ Entrance Date: _____ Graduation Date: _____

Enrollment Agreement

I understand that upon acceptance by AVALON MEDICAL CAREER ACADEMY this constitutes a binding contract by which the school must make available to me all services and privileges in its current catalog. I am applying for admission in the program of Phlebotomy Technician and I will receive a certification in that course upon graduation.

*Total hours scheduled NO. OF TERMS	APPROX. MONTHS	CLOCKS HOURS							
Contract Period Begins:	Contract Period Ends:								
Scheduled (circle one)	DAY SCHOOL	NIGHT SCHOOL	Full Time	Half Time	From:	To:	From:	To:	

Mr. / Ms. / Mrs. _____ Telephone #: _____
First Middle Last

Address: _____
Number and Street City State Zip

Birth Date: _____ Marital Status: _____ Soc. Sec. #: _____

High School Attended: _____
City Last Grade Completed Year Graduated

Name of parent, guardian or spouse: _____
To who should reports, bills, etc. Be sent to: _____
Name of closest relative not living with you: _____

Registration Fee (not applied to tuition)	\$100.00
Tuition	\$700.00
Books	\$55.00
Supplies	\$0.00
Lab Fees	\$45.00
Student Activity Fees	\$0.00
Tools	\$0.00
Misc.	\$0.00
Total Cost	\$900.00

CASH OR CREDIT CARDS ACCEPTED ONLY

*Discounted statement: Avalon Medical Career Academy does not charge any interest on tuition.
*Method of Payment Schedule is as follows half of tuition is due the first quarter of program and final amount of tuition due before clinical.

Have read, understood, and accept all terms on both sides of this agreement, including the terms of Financial Agreement which I execute with Finance Department Personnel. I further understand that all tuition, books, supplies and other cost stated in the Enrollment agreement for the first 140 hours of instruction are due and payable the first day of class. Upon completion of the first 140 hours of the program, all costs stated on the enrollment agreement for the last 280 clock hours of the program become immediately due and payable unless other financial arrangements were made through the Financial Agreement as executed, constitutes part unless other financial arrangements were made through the Financial Agreement no interest rate and no late fee charge I understand the Financial Agreement as executed, constitutes part of this Enrollment Agreement of which all terms are legal and binding. I understand that books, supplies, and lab fees are included in tuition. I HAVE READ and received a copy of this

agreement and a copy of the current school catalog.

I UNDERSTAND THAT AVALON MEDICAL CAREER ACADEMY, 10101 FONDREN RD. #311A, HOUSTON, TEXAS 77096 OFFERS *JOB PLACEMENT ASSISTANCE BUT DOES NOT GUARANTEE A JOB OR A STARTING SALARY UPON GRADUATION.

"APPROVED AND REGULATED BY THE STATE OF TEXAS WORKFORCE COMMISSION, CAREER, SCHOOLS, AND COLLEGES, AUSTIN, TEXAS."

APPLICANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ACCEPTED BY: _____
SCHOOL DIRECTOR STUDENT REPRESENTATIVE

(ACCEPTANCE OR REJECTION)

YOU MAY CANCEL THIS ENROLLMENT OR CONTRACT, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN 72 HOURS (UNTIL MIDNIGHT OF THE THIRD DAY EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS) AFTER THE ENROLLMENT AGREEMENT IS SIGNED. TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE, OR ANY OTHER WRITTEN NOTICE OR SEND A TELEGRAM, TO AVALON MEDICAL CAREER ACADEMY, 10101 FONDREN RD. #311A, HOUSTON, TEXAS 77096 NO LATER THAN MIDNIGHT OF _____ I HEREBY CANCEL THIS TRANSACTION.

DATE: _____ BUYER'S SIGNATURE: _____

"ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS AND SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCESS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED THE MOUNT PAID BY THE DEBTOR HEREUNDER."

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