



**ENROLLMENT AGREEMENT**

Lane, Suite #102

5 301 W. Lovers

Dallas, TX 75209

(855) 803-5033

Welcome to the National Dental Academy where it is our goal to provide our students with convenient and affordable Dental Assisting training. Please complete this enrollment agreement to enroll in classes.

**A. DEMOGRAPHIC INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

**B. EDUCATIONAL SERVICES**

Campus: \_\_\_\_\_ Spring/Fall/Summer: \_\_\_\_\_

**C. FINANCIAL AGREEMENT**

I understand that I am responsible for the tuition and fees associated with this course.

**TUITION \$4995**

*Tuition includes Text Rental, 10 Lectures on a USB Drive, the Class Syllabus, Graduation Materials, scrubs set, RDA state examination, CPR certification, and all Lab Fees*

***Payment Plans***



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Tuition in FULL (enclosed) **\$3995**

***Paid Tuition in Full = \$1000 Scholarship making tuition just \$3995!***

In House Financing **\$1500** Enclosed

Followed by 3 equal payments made class one, class three and class nine.

Questions about financing? I would like to be contacted for more information about paying for my education.

**Payment Method: No fee for cash, check, or money order methods**

*(2.75% fee applies if payment is paid via credit/debit - applies to non-scholarship students).*

- *Check (Make check payable to **National Dental Academy-North Dallas**– There will be a \$25 charge for returned checks)*
- *Visa, Master or Discover Card*

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Zip Code (if different from above): \_\_\_\_\_

I agree to the payment schedule for my Dental Assisting course with the NATIONAL DENTAL ACADEMY - NORTH DALLAS. I have read and understand the refund policy as outlined in the course catalog.

Signature of Student: \_\_\_\_\_

Signature of Enrollment Advisor: \_\_\_\_\_



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**D. CANCELLATION POLICY**

The cancellation and refund policy is as follows:

“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 has been signed. A full refund will also be made to any student who cancels enrollment in person or in writing within the student’s first week of scheduled class, except that the school may retain not more than \$150 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.”

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
(if under 18yrs old)

Scrub Size:

Top: \_\_\_\_\_ Bottom: \_\_\_\_\_

Thank you!  
You should receive email confirmation shortly!  
[www.nationaldentalacademydallas.com](http://www.nationaldentalacademydallas.com)