Dear Applicant,

Thank you for your interest in our Academy of Dental Assisting.

Enclosed is an Enrollment Agreement, Syllabus, and Alternative Payment Plan for our school. To enroll, please fill out the top three lines of the Enrollment Agreement on Page 2, sign/date Page 3 and mail it back to us along with the $700 down payment. We will fill in all the other information and a copy will be provided for your records.

Looking forward to see you in one of our next sessions! To help us plan the course schedules, please specify a course session and a school location from the following:

- Winter Session (February-March)
- Summer Session (June-July)
- Fall Session (October-November)
- Santa Barbara
- San Luis Obispo

If you have any questions, please email lowryacademy@gmail.com or call our office line: 805-637-2604.

Greg Lowry D.D.S.
School Director
ENROLLMENT AGREEMENT

Last Name___________________________  First Name____________________  e-mail____________________________
Address___________________________________________ City______________________  State _____  Zip __________
Home Phone______________________  Work Phone _______________________ Cellphone ________________________

Scheduled Start Date ___________________________ Scheduled Completion Date ________________________________

You are enrolling in the following course:

Name of Program     Basic Dental Assisting     Total Hours     56

Program Description     Eight Consecutive Saturdays (8am to 4pm, unless a holiday weekend)

STUDENT'S RIGHT TO CANCEL: The student has the right to cancel this agreement, without further obligation, and obtain a refund of all amounts paid (less $75 registration fee), if notice of cancellation is given to this school by midnight Friday (14 days before the first Saturday of scheduled instruction). The student may cancel this agreement and obtain a refund by giving written notice to the school at the address shown at the top of the first page of this agreement. The student may do this by mail, hand delivery, or e-mail. The written notice of cancellation, if sent by mail, is effective when it is deposited in the mail, properly addressed with postage pre-paid. The student should keep a record of the date, time, and place of mailing any notice of cancellation.

PROGRAM CRITERIA: A student must pass all of the 6 weekly tests and final exam to pass the course. If you do not pass one of the weekly tests, you may schedule to retake it during the week. If you do not retake the failed test, the course will be failed and no diploma received by the student. If you fail the course, you may retake it at half cost minus the $200 book fee.
TUITION and FEES:

Program Tuition $2500.00
Training Manual $200.00
Lab Fee $200.00
Registration Fee (non-refundable) $95.00
TOTAL AMOUNT $2995.00 (Financing Available — please inquire)

YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN YOU ARE RESPONSIBLE FOR REPAYING THE LOAN PLUS ANY INTEREST.

_____ A down payment of ____________ ☐ was paid on (date) ________________.

_____ The student agrees to make a number of payments. Such payments are specified on the payment schedule attached to this agreement. All payments are to be made in advance of instruction received.

Admission Requirements

Students must be at least 18 years old, be able to read and understand English reasonably well and possess a high school diploma or its equivalent.

No credits from other institutions will be accepted for this course, and no credits will be transferred.

This is a legally binding instrument when signed by the student and accepted by the school. I hereby state that I am 18 years of age and agree to the terms and conditions of this enrollment agreement.

X

Student's Signature

Date Signed
CERTIFICATE PROGRAM

Title
Basic Dental Assisting

Length of Program
56 Hours

Frequency of Lessons
7 hours per day, 1 day per week, Total of 8 weeks

Objective
The educational objectives of this course are to teach dental terminology, basic dental assisting, resume preparation.

Occupational Goal
Dental Assisting

Mode of Instruction
Direct

Sequential Outline of Subject Matter
- Introduction to the Dental Profession
- Dental Specialties
- Dental Terminology
- Basic Dental Anatomy
- Infection Control & Sterilization
- Chairside Assisting
- Dental Materials and Techniques
- X-ray Mounting & Processing