

ENROLLMENT AGREEMENT

Please indicate the Program in which you would like to enroll. You will be sent a letter by mail confirming your enrollment. If you have not received a confirmation letter within 3 days prior to start of your program, please contact Boston Reed College.

Program _____ Location _____ Total Hours _____

Start Date _____ Schedule _____ Completion Date _____

Name: Mr/Ms _____
(Please print your name, as you would like it to appear on your certificate)

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Fax _____

E-mail _____ Social Security# _____ RN/LVN Lic# _____
(Required) (last 4 digits)

How did you hear about our programs? Please circle one or more of the following:

- | | | | | | |
|----------------------|-----------|----------|-------------|------------|-----------------------|
| School Catalog | Banner | One-Stop | Career Fair | Craigslist | Employer |
| Family | Friend | Flyer | Instructor | Internet | From a former student |
| I'm a former student | Voc Rehab | Facebook | MySpace | Twitter | |

Newspaper-Indicate Name: _____

Radio-Indicate Name: _____

Other-Indicate: _____

Payment Method: Money Order/Check _____, Voc Rehab/PIC/WIA/GAIN _____ *(Attach copy of authorization letter),*
 Debit/Credit Card _____ *(Visa/MasterCard or Discover)*

Credit Card# _____ Exp. Date _____ Security Code _____ Amount _____
Visa/MasterCard/Discover (No AMEX)

Card Holder's Name	Billing Address	City	State	Zip Code
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Auto Debit Relationship to Student: _____

- Payment Options:**
- | | |
|---|---|
| <input type="checkbox"/> BRC payment plan | <input type="checkbox"/> Tuition Options (Adult School) \$150.00 deposit |
| <input type="checkbox"/> Pay in full | <input type="checkbox"/> Tuition Options (Community College) deposit may vary |
| | <input type="checkbox"/> Community College payment plan (if offered) |

The Following Fee Schedule is located under Payment Options:

Deposit (Non-Refundable)	\$ _____
Textbooks	\$ _____
Tuition Payments	\$ _____, \$ _____, \$ _____,
	\$ _____, \$ _____, \$ _____, \$ _____, \$ _____, \$ _____
Total Program Fees	\$ _____

FOR OFFICE USE ONLY

Client ID: _____

CC/CH/MO Date Processed: _____

Processed By: _____

Comments: _____

Prior to signing this Enrollment Agreement, you must be given a Catalog and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for Boston Reed College. Boston Reed College is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, salaries or wages, prior to signing this agreement. Initial here _____ that you have received and read the Catalog and a School Performance Fact Sheet.

STUDENTS RIGHT TO CANCEL: The student has the right to cancel the enrollment agreement and obtain a refund of charges (less the non refundable deposit) paid through attendance of the first class session, or seventh day after enrollment, whichever is later.

I understand this Enrollment Agreement is a legally binding contract when signed by myself and accepted by Boston Reed College. By my signature, I acknowledge that I have read, understand, and agree to the terms and conditions contained herein, my rights and responsibilities, and the institution's cancellation and refund policies have been clearly explained to me. I understand I am obligated to the Student Tuition Recovery Fund (STRF) (Included in tuition).

Student Signature _____ Date _____ / _____ /2011 _____

Authorized Employee of the School Signature _____ Date _____ / _____ /2011 _____