



First Name: _____ Last Name: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ Date: _____

Nurse Aide Program.

Start Date: _____
 The Nurse Aide Program is 100 Clock Hours in length. Minimum time required to complete the program is four-weeks. The maximum time allowed to complete the program is five weeks.

PRICE

Non-refundable registration	\$100
Deposit	\$200.00
Tuition	\$470.00
Book	\$30.00

Total Cost
 \$700.00

Cost of tuition and Textbook/Workbook Package are subject to change.

Payment Method and Payment Schedule

Total cost for the program is \$700.00 with \$200.00 due at registration. The remaining balance of the total cost is due by the end of the 3rd week. Books uniform is included. Books are not included.

TOUR OF SCHOOL FACILITIES

I _____ have received a Complete tour of the school facilities and also had the opportunity to inspect the instruction equipment's, restrooms and exit signs before registration.

INSTALLMENT AGREEMENT

Payment in full for the program must be made **before the first day of class** for MA-505: Mental Health and Social Service Needs. Cash, credit card, personal check, money order or cashier's check, may make payments.
 ** There is no interest charged for using the installment plan.

Initial payment is due upon registration.

Final Payment (due before beginning of MA-505)

Payment Date	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

MasterCard Visa Discover **OR Voucher**

Card # _____ exp. _____

Name of Cardholder _____

I authorize Healthcare Career Centers to charge my credit card account listed above on the date(s) designated above. _____

 Signature of Cardholder Date

Cancellation and Refund Policy

In accordance with Texas Education Code, Section 132.061 and Texas Administrative Code 807, Subchapter N, the student will be provided a copy of the Cancellation and Refund Policy relating to enrollment at this institution.

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

Also by signing below I _____ acknowledge that I have received a copy of this form and current school catalog.

✕ _____
 Signature of students

✕ _____
 Signature of authorized school official

Record of Previous Education and Training

Texas Workforce Commission – Career Schools and Colleges

School Name: Dallas Career Institute

Authority for Data Collection: *Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)*

Planned Use of the Data: This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.

Instructions: Complete each item on front and back. If an item is not applicable, write "NA." If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school's evaluation of the student's skills. Attach additional pages as needed. The completed form is to be maintained in each student's file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

Student Information

Name: _____	SSN: _____	Date of Birth (mm/dd/yy): _____
Name of Program: _____		
Secondary Education: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Home Schooled <input type="checkbox"/> GED		

Post-secondary Education

Type of School	Name and Location of School	Dates Attended				Graduated		Type of Diploma/ Degree	Major Field of Study
		From MO	YR	To MO	YR	YES	NO		
College or University						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Other						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

Previous Training

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

Student Certification

I certify that all the above information is true and complete.

_____ (Signature of Student) _____ (Printed Name of Student) _____ Date (mm/dd/yy)

FOR SCHOOL USE ONLY

Entrance Test: _____ (Score)

(Name and Version)

School Evaluation of Previous Education and Training

Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years' experience, and transcript information.

Subject	Course Time * Hours of Credit	Justification of Credit

Credit / Price Adjustments

			<u>Tuition</u>	<u>Other</u>	<u>Total</u>
Original Program Length: _____ Hrs*	Original Cost	\$ _____	\$ _____	\$ _____	\$ _____
Less Credit Granted _____ Hrs*	Less Credit Granted	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
Adjusted Program Length _____ Hrs*	Adjusted Cost	\$ _____	\$ _____	\$ _____	\$ _____

*Course Time

- I certify that all information provided by the student has been evaluated and that the student will not receive credit.
- I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein.

X _____ (Signature of Authorized School Official) _____ (Printed Name) _____ Date (mm/dd/yy)

Student Acknowledgment *Do not sign below unless the information above is complete and signed by the school official.*

I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

- I **will** receive the above stated credit, or
- I **will not** receive credit.

X _____ (Signature of Student) _____ (Printed Name of Student) _____ Date (mm/dd/yy)

* **Course Time** (actual hours): the total hours of time experienced by the student in the course for all types of course time, including classroom, lab and externship hours. An hour of course time is equivalent to a 50-minute to 60-minute lecture, recitation, class (including a laboratory class or shop training) or internship, within a 60-minute period, or 60 minutes of preparation in asynchronous distance education. Intensity of course time hours varies by school and program, but typically, 100 course time hours is equivalent to about a month of full time school.

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

Receipt of Enrollment Policies

Texas Workforce Commission – Career Schools and Colleges

Dallas Career Institute

(Name of School)

Authority for Data Collection: *Texas Education Code, Section 132.055 & Texas Administrative Code, Section 807.193.*

Planned Use of the Data: To provide evidence of receipt of that information which is required by law to be provided the student prior to enrollment.

Instructions: This form is to be completed by the student prior to enrollment and the completed form maintained by the school in each student's file. A copy of the completed form will be given to the student. If additional clarification is needed, contact Career Schools and Colleges at (512) 936-3100.

This information is provided for the student's protection. Ensure each item of information is given to the student, fully explained and all questions answered prior to signing an enrollment agreement or contract.

The prospective student must acknowledge receipt by initialing in the space provided on the bottom of the first page and signing at the end of the form.

A:

I have received prior to enrollment:

- a copy of the school catalog and a program/course outline for the program(s) in which I wish to enroll.
- a schedule of the tuition, fees, and other charges.
- a copy of the cancellation and refund policy.
- the attendance, progress and grievance policies.
- rules of operation and conduct.
- regulations pertaining to incomplete grades.
- written and verbal explanations of the difference between a LOAN and a GRANT.
*(Complete this item only if the school participates in a loan or grant program.)
- an invitation to tour the school's facilities and inspect equipment related to my planned program of instruction. (As an enrolling student, you will be asked to sign and date a receipt on the day you receive your required tour of the school.)
- notice of all policies related to program interruption prior to completion. If printed in the school catalog, the policies are on page(s): _____**

B:

- If the school awards credit hours, I understand that transferability of any credit hours earned at this school may be limited. I have also been provided a list of all known Texas institutions of higher learning and state technical institutes that will accept any or all of the credit hours earned at this school.

(Student Initials)

C:

- I have furnished information disclosing my previous education, training, and work experiences. I understand this will be evaluated and may result in my program/course length being shortened and the cost being reduced.
- I further realize that any grievances not resolved by the school may be forwarded to the Texas Workforce Commission, Career Schools and Colleges, Room 226T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- A comparison of the cost to me for a similar course or program at other schools is available by contacting the Texas Workforce Commission, Career Schools and Colleges, Room 226T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- Employment in this career field (*does*) (*does not*) require state or national licensing, certification, or registration.

Texas State Certification

(Name of State or National License, Certificate, or Registration, if required)

PROGRAM: _____	REPORT YEAR: _____
NUMBER ENROLLED: _____	NUMBER OF JOB OPENINGS FOR THE LAST 12 MONTHS: _____ (if data is available)
NUMBER OF GRADUATES: _____	
COMPLETION RATE: _____ %	AVERAGE YEARLY STARTING SALARY: _____ (if data is available)
NUMBER OF GRADUATES EMPLOYED: _____ (Graduates that found a job related to training)	YEARLY STARTING SALARY RANGE: _____ (if data is available) (Low)
EMPLOYMENT RATE: _____ %	_____ (High)
NUMBER OF GRADUATES PLACED: _____ (Graduates that found a job related to training, <u>with the school's assistance</u>)	EXAM PASSAGE RATE: _____ % (for programs that prepare for state licensing, certification, or registration exams)
PLACEMENT RATE: _____ %	

(Additional information may be attached.)

D:

I understand that my certificate of completion and my transcript may be withheld if I have not fulfilled my financial obligations to this institution at the time of my graduation.

I certify that I have been provided all of the information above *prior to my enrollment.*

I understand that it is my responsibility to notify the school if I withdraw prior to completion.

I will receive a copy of this completed form and a copy of my enrollment agreement when signed.

✕

(Signature of Student)

Date (mm/dd/yyyy)

✕

(Signature of School Official providing the information)

Date (mm/dd/yyyy)

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.



Phone: (214) 691-0555
Fax: (214) 361-2232
www.dallascareerinstitute.net

Addendum to Student Enrollment Agreement and Handbook: Dismissal Policies

Students are expected to demonstrate good professional character which shall indicate that the individual is able to consistently conform his/her conduct to the school's rules and policy's and generally accepted standards of conduct, including but not limited to behaviors indicating honesty, accountability, trustworthiness, and integrity.

A person who seeks to obtain a job or position of responsibility shall provide evidence of good character which is in the best interest of the school, employer and the public. In any employment setting, evidence shall establish that the student is able to distinguish right and wrong. A student caught cheating on exams or plagiarizing on written assignments shall be immediately dismissed from the program and not be eligible for readmission.

Students must be able to think and act rationally at all times. Any case of fighting with fellow students or staff shall be grounds for immediate termination from the program.

In any instance of coming to class or on to school property under the influence, shall be grounds for immediate dismissal and readmission will only be possible after at least six months with proof that the individual has undergone substance abuse treatment.

Any case of stealing from fellow students or school staff, results in suspension with readmission opportunity after a minimum of 12 months with a written essay discussing the risks of impaired integrity in the school setting or a position of employment.

Student Signature

Campus Director's Signature