

Enrollment Agreement

Student Information

Date of enrollment: _____

Name: _____ SSN: _____
(First/Middle/Last)

Address: _____
Street Apt. # City State Zip

Date of Birth: ____/____/____ Driver's License#: _____ State: _____

Telephone Numbers: _____
Home Work Cell

High School Attended: _____
Name of School City & State Last grade completed Year Graduated

College: _____
Name of College or Vocational School - City/State - Course of Study/Degree - Year Graduated

Other (please specify): _____

COURSE DESCRIPTION:

PERMANENT COSMETICS FOR ARKANSAS LICENSURE

375 HOURS

I hereby contract with Permanent Solutions Institute of Permanent Cosmetics for the following course of instruction:

Class: Permanent Cosmetics Date of Instruction: _____

COST BREAKDOWN:

Tuition: \$7,500.00

Application Fee: \$25.00 (non-refundable)

Administration Fee: \$50.00 (non-refundable)

TOTAL COST \$7,575.00

I also understand I must submit \$25.00 for the cost of the Bloodborne Pathogens course that must be passed and proof of certificate provided to the Arkansas State Board of Health before I can take the Apprentice Test for Permanent Cosmetics. I also understand that I must submit \$50.00 to the Arkansas State Board of Health in order to take the Apprentice Test for Permanent Cosmetics.

GENERAL TERMS

The acceptance and fulfillment of the terms of this agreement entitle me to the Permanent Solutions Institute for Permanent Cosmetics training programs in Permanent Cosmetics as outlined by the Permanent Solutions Institute of Permanent Cosmetics current catalog. The Application for Admissions, Career Assessment Questionnaire, and the Permanent Solutions Institute of Permanent Cosmetics current catalog are part of this agreement.

I understand that classes will be taught at the Permanent Solutions Institute of Permanent Cosmetics located at 1100 S.E. 22nd. Street - Suite #7- Bentonville, AR 72712 and that all expenses incurred while traveling to and from the training location and expenses for food and lodging while in training is my responsibility.

I understand that once the Permanent Solutions Institute of Permanent Cosmetics accepts my application and my class date has been confirmed, I will receive a training manual with pre-study material for Bloodborne pathogens and a study guide for the Apprentice test. I also understand that Permanent Solutions Institute of Permanent Cosmetics will have to schedule the appointment with the Arkansas State Department of Health for the Apprentice test, which is only given 1 day a month.

I understand that in order to benefit from this training, the Permanent Solutions Institute of Permanent Cosmetics requires that the student must be able to read, write and comprehend the English language. In addition, the Permanent Solutions Institute of Permanent Cosmetics requires that the student is at least eighteen years of age at the time of enrollment and have a High School diploma or GED.

I understand that the Permanent Solutions Institute of Permanent Cosmetics reserves the right to change the opening and closing dates of its classes, hours of instruction, equipment, faculty, tuition rates and fees. However, there will be no price changes for any student enrolled under the terms of the Agreement he/she has signed.

I understand it is my responsibility to follow all Rules and Policy and Procedure Guidelines set forth by the Permanent Solutions Institute of Permanent Cosmetics at all times. Violations of any rules or regulations will constitute grounds for dismissal.

I understand that at no time may the student be present on the campus while intoxicated or under the influence of an illegal substance. I understand I must voluntarily submit to a drug or sobriety test at any time the Permanent Solutions Institute of Permanent Cosmetics requests. I, the student, will pay all costs for such testing if the test(s) is positive. If such tests are positive, I will be dismissed from the Permanent Solutions Institute of Permanent Cosmetics. Monies paid will be refunded according to the Permanent Solutions Institute of Permanent Cosmetics refund policy.

I understand that because of the nature of this training, whereby we are inserting pigment into the skin, on the face of a live human being, using a needle(s) in order to apply Permanent Makeup, if at any time the instructor(S), in their best judgment, feel it is necessary to remove me from the training program so that the health and safety of the model or any other individual at the Permanent Solutions Institute of Permanent Cosmetics or the general public is not in danger, I will comply with their judgment. The Instructor will explain to be verbally and in writing the reason for my removal from the training program. Monies paid will be refunded according to the Permanent Solutions Institute of Permanent Cosmetics refund policy.

I understand the Permanent Solutions Institute of Permanent Cosmetics cannot and does not promise or guarantee employment or level of income or wage rate to any student or graduate.

I understand that the student must demonstrate a "Pass" knowledge of material studied by the end of the 4th. Quarter as described in the following Progress Reports description. If the student satisfies those requirements a Certificate of Completion will be issued after the course of study is finished and the Arkansas State Board of Health will be contacted to schedule a Practical Exam for the purpose of Licensure. At the end of the last Quarter, if the student does not achieve a "Pass" knowledge or fails to attempt to work with the instructor within the 5 business days, the student will be terminated without a certificate of training and will not be scheduled for Practical Exam with the Arkansas State Board of Health for the purpose of State Licensure.

STUDENT WITHDRAWAL

If you are accepted but then decide to cancel your enrollment, you will need to notify the Business Manager in writing. You may send your Withdrawal Notice by mail. Your signature must appear on your Withdrawal Notice. Once received by our Business Office, your enrollment will be considered terminated.

REFUND POLICY

If a student withdraws from the school before class has begun, a \$50.00 Administrative Fee will be retained by the Permanent Solutions Institute of Permanent Cosmetics, plus any credit card fees (if a credit card was used to pay Tuition), plus the application fee of \$25.00. The balance, if any, will be refunded. The student may choose to reschedule their class date and incur no penalty, based on class availability.

Once class has begun, if a student withdraws, is dismissed or removed from class with less than 25% (**less than 94 hours**) of training completed, Permanent Solutions Institute of Permanent Cosmetics will retain a \$50.00 Administrative Fee, plus any credit card fees (if a credit card was used to pay for Tuition), plus the application fee of \$25.00 and remaining **balance will be on a pro rata basis**.

Once class has begun, if a student withdraws, is dismissed or removed from class within completion of at least 25% but less than 50% (**at least 94 hours but less than 188 hours**) of training, Permanent Solutions Institute of Permanent Cosmetics will retain a \$50.00 Administrative Fee plus any credit card fees (if a credit card was used to pay for Tuition), plus the application fee of \$25.00 and not less than **50 percent** of balance of tuition, if any, will be refunded.

Once class has begun, if a student withdraws, is dismissed or removed from class within completion of 50% but less than 75% (**at least 188 hours but less than 281 hours**) of training, Permanent Solutions Institute of Permanent Cosmetics will retain a \$50.00 Administrative Fee plus any credit card fees (if a credit card was used to pay for Tuition), plus the application fee of \$25.00 and not less than **25 percent** of balance of tuition, if any, will be refunded.

Once class has begun, if a student withdraws, is dismissed or removed from class within completion of 75% (**at least 281 hours but less than 375 hours**) of training, **no refunds will be made** by Permanent Solutions Institute of Permanent Cosmetics.

All Refunds shall be made by are processed by the Business Office of the Permanent Solutions Institute of Permanent Cosmetics to the student or lender no later than thirty (30) calendar days after the student withdraws or is terminated from the program. Proof of refund(s) shall be placed in the student's file. If refunds are made by check, proof shall be a photocopy of the refund check and proof that it has cleared the bank such as the bank statement. If refunds are made by electronic funds transfer, the refund shall be recorded on the student's account record and proof of refund shall be provided to Board staff upon request. If refunds are made to a credit card the credit receipt shall serve as proof of the refund.

DISCLOSURE STATEMENT

The Enrollment Agreement is made according to the Agreement set forth which I have carefully read or have had read to me. I acknowledge that no verbal promises or statements contrary to the terms of this agreement have been made, and I certify that the aforementioned statements of the Permanent Solutions Institute of Permanent Cosmetics are true and correct. I understand this Agreement is legal and binding once; it has been signed and dated by the Permanent Solutions Institute of Permanent Cosmetics representative and the Director of Education.

I understand it is my responsibility to keep a copy of all documents I have received the Permanent Solutions Institute of Permanent Cosmetics, including the Enrollment Agreement, Receipts, etc. In addition, it is my responsibility to maintain all records that prove that I have met my financial obligations to the Permanent Solutions Institute of Permanent Cosmetics. If at any time there is a discrepancy regarding my outstanding balance, I will present these records. I may request a copy of the Permanent Solutions Institute of Permanent Cosmetics records by submitting my request in writing at the Business Office.

I understand that all promotional material, student publications, information both verbal and written acquired by me from the Permanent Solutions Institute of Permanent Cosmetics is proprietary, and is not to be distributed or reproduced and is to be used for my personal understanding and information only. I confirm that I am not acquiring information regarding any process or procedure of Permanent Solutions

Institute of Permanent Cosmetics for a competitor nor am I representing an entity other than myself. I agree that if I decide not to take the contracted program, I will return all items in my possession regarding or in relation to the Permanent Solutions Institute of Permanent Cosmetics within (5) business days.

I understand that I will be help responsible for all costs involved in the replacement or repair of any equipment or facilities, when such damage is a result of my abuse or misuse of such items or facilities, or which are damaged because of my negligence.

In signing this Enrollment Agreement, I state that all responses on all documents I have completed and signed are true and correct. I understand the Aforementioned Statements and Agree to abide by them.

Signature of Applicant

date

Permanent Solutions Institute of
Permanent Cosmetics Representative
Signature

date

Director of Education Signature

date