

Enrollment Agreement
American College Massage School
 100 South Main Street, Crown Point, IN 46307

To Enroll:

1. Sign all signature locations.
2. Submit all pages by mail to ACMS, 100 S. Main St. Crown Point, IN 46307.
3. Remit \$100.00 Registration Fee to above address.
4. To be accepted you must submit a form of Identification – A **copy** of your **Driver License**
5. Complete page 1 and 2 of this contract. (See Reverse side) **Fall Class 2010**

Name _____ (first, middle initial, last)	Birth Date ____ - ____ - ____
Address _____	Home Phone ____-____-____
City _____	Work Phone ____-____-____
State _____ Zip Code _____	Social Security # _____
	Co-signer Social # _____

www.acmcollege.com Issue 23

Course and Campus	Start Date	End Date	Number of Weeks	Tuition	Student's Initials	A.C.M.S. Initials
Massage Therapist Crown Point	Tuesday 21Sep2010	Tuesday 30Aug2011	45	\$8,300		
Massage Therapist Elkhart	Tuesday 21Sep2010	Tuesday 30Aug2011	45	\$8,300		

How do you anticipate paying your tuition?

Circle: 1. Check/Money Order. 2. Credit Card. 3. TFC Credit 4. Veterans Assistance
 5. Vocational Rehab. 6. Workforce Development. Other _____

Check Here _____ I'm applying for 2 payment option (1/2 to start the 2nd half at mid-point), with Check or Credit Card. This will reduce my 2nd payment by \$500.00. Not valid with any other discounts.

Check Here _____ I'm applying for Financial Hardship. I meet the criteria of 18-21 yrs old. I reside with my parents. I qualify for FAFSA. I agree to the terms of schools Financial Hardship Guidelines.

Financial Hardship Only	Start Date	End Date	# weeks	Tuition	Initials	
Massage Therapist Crown Point	Tuesday 21Sep2010	Tuesday 30Aug2011	45	\$1,000		
Massage Therapist Elkhart	Tuesday 21Sep2010	Tuesday 30Aug2011	45	\$1,000		

I, _____, (Print) enroll in the course(s) selected above and agree to pay the tuition listed above, prior to the completion of the course(s). By initialing and dating each course, I also understand that I have enrolled in the courses listed here.

Signature _____ Date _____

Co-Signer or Parent (required for Hardship) _____ Date _____

Refund Policy:

Students withdrawing or being dismissed from school will be allowed a refund based on the Indiana State Law as defined in the school catalog, brochure and Indiana State Web site www.state.in.us/cope/x.html SDNO.570 IAC 1-8-6.5 Resident institutions; refunds

Authority: IC 20-1-19-4

Affected: IC 20-1-19-10

This contract complies with the State requirements enumerated in the IAC 570 Indiana Commission on Proprietary Education

Payment:

I agree to pay the first half of tuition to start and the balance is due on or before the half-way point of class. Otherwise, I'll pay 10 percent of the unpaid balance as late fee.

The buyer has the right to cancel this contract until the 7th day after this contract is signed by the student and approved by the school.

For a student to cancel a course they must submit a cancellation refund requests to:

A.C.M.S., 100 South Main St., Crown Point, IN 46307. Must be post marked as of the 7th day.

This contract is not subject to any change unless it is in written form and authorized by the student and school. Class schedules may change based on enrollment and current hour requirements by The State.

Complaints against the school can be submitted to the following Indiana State Department.

The Indiana Commission on Proprietary Education

302 W Washington St., Room E201

Indianapolis, IN 46204

Toll Free Number 1-800-227-5695 or (317) 232-1320

In the event that A.C.M.S. is required to take legal recourse against me for breach of contract, I understand that, in addition to the full cost of the instructional program, I'll be responsible for all attorney fees, late fees and court cost incurred by A.C.M.S. in pursuing the unpaid balance or other breach. I also agree that the legal venue will be in Lake County Indiana.

Buyer Notification

1. Do not sign this agreement before you read it or if it contains any blank spaces.
2. This is a legal instrument. Both sides of the contract are binding. Read both sides before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. Every assignee of this contract takes it subject to all claims defenses of the buyer or his successors in interest arising under this agreement.
5. This contract and the school catalog constitute the entire agreement between the buyer and the school.
6. Under law you have the right among others, to pay the full amount due and to obtain under certain conditions a partial refund of the finance charge.
7. The agreement is a legally binding instrument when signed by the student and accepted by the school.
8. The terms and conditions of this agreement are not subject to amendment or modification by oral agreement.
9. Any changes in this agreement shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian.
10. I certify that I have received a copy or viewed the web site of this school's current catalog and that I agree to the terms set forth in this agreement.

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Signature of Buyer

Date

Signature of Parent or/ Co-signer

Date

Address of Parent or/Co-signer

Date

Signature of School Director

Date