

STUDENT ENROLLMENT AGREEMENT



Evolve Beauty Institute, Inc.

4 Office Park Drive
Suite 101

Palm Coast, Florida 32137

(386) 302-5220

evolvebeautyinstitute@gmail.com

This enrollment agreement, together with the school catalog, constitutes a binding contract between the student and Evolve Beauty Institute upon acceptance by the Administration of Evolve Beauty Institute.

READ APPLICATION THOROUGHLY BEFORE ANSWERING QUESTIONS

Student Information:

Name: _____

Address: _____
Street Address City/State Zip Code

Home Phone: _____ Cellphone: _____

Email: _____

Date of Birth: ____/____/____

Program Information (School Only)

Program: () Cosmetology (CSMP) () Nail Specialist (NSP) () Esthetics (EST)

Length: _____

Clock Hours: _____

Class Schedule: () Full Time () Part Time () Day Classes () Evening Classes

Hours per Week: _____

Start Date: ____/____/____

Anticipated Ending Date: ____/____/____

Tuition: \$ _____

Other Costs: \$ _____ Total Program Price: \$ _____

This agreement constitutes a binding Contract between the Student and Evolve Beauty Institute.

Methods of Payment

- [] Down Payment of \$ _____ with balance of \$ _____ to be paid either in full or to make payments weekly or monthly with approved in-house financing prior to _____ clock hours to graduation.
- [] Deposit of up to 50% tuition upon signing Student Enrollment Agreement, with a preset weekly or monthly payment arrangement determined at signing. Full balance must be paid in full one (1) week prior to program completion.
- [] Deposit of up to 50% tuition upon signing Student Enrollment Agreement, with a preset weekly or monthly payment arrangement determined at signing. Full balance must be paid in full one (1) month prior to program completion.

Note: For School offering payment plan with four or more payments the federal boxes or vertical listing must be included on the contract. (N/A, if not applicable or line through)

Payments are due the 1 st thru 5 th of each month	25.00 late will be attached to all payments made after the 5 th .	Fed Aid N/A	Interest Rate	Amount Financed
YOUR PAYMENT SCHEDULE WILL BE:				
Number of Payments	Amount of Each Payment	When payments are due		
	\$	Beginning on ___/___/___ and on the same day each _____.		

All prices for programs are printed herein.
 Contracts are not sold to a third party at any time.
 At this time we do not except Federal Financial Aid.

CANCELLATION AND REFUND POLICY

Should a student's enrollment be terminated or canceled for any reason, all refunds will be made according to the following refund schedule.

1. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making the initial payment.
2. Cancellation after the third (3rd) business day, but before the first class, results in a refund of all monies paid.
3. Cancellation after attendance has begun, up and through 40% completion of the program, will result in a pro-rated refund computed by the number of hours completed to the total program hours.
4. Cancellation after completing more than 40% of the program will result in no refund.
5. Termination Date: In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice is received.
6. Refunds will be made within thirty (30) days of termination of students' enrollment or receipt of cancellation notice from student.
7. Cancellation can be made in person, by electronic mail, by Certified Mail or by termination.

GROUNDS FOR TERMINATION

I agree to comply with the rules and policies of the Student Catalog and understand that Evolve Beauty Institute shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the Student Catalog. I understand that Evolve Beauty Institute reserves the right to modify the rules and regulations and that I will be advised of any and all modifications.

GRADUATION REQUIREMENTS

I understand that in order to graduate from the enrolled program and receive a diploma, I must successfully complete the

required number of scheduled clock hours as specified in the Student Catalog and Student Enrollment Agreement, pass all written and practical examinations with a 70% average and satisfy all financial obligations to Evolve Beauty Institute.

EMPLOYMENT ASSISTANCE

I understand that Evolve Beauty Institute has not made and will not make any guarantees of employment and/or salary upon my graduation. Evolve Beauty Institute may provide me with placement assistance, which may consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

ACKNOWLEDGEMENT

This contract contains the entire agreement between Evolve Beauty Institute and myself, and further modification or representation except as herein expressed in writing will be recognized.

NOTICE TO PROSPECTIVE STUDENTS: CLASSES ARE ONLY TAUGHT IN ENGLISH. DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

Signature of Applicant

Date

Printed Name of Applicant

Signature of Parent/Guardian
(Required if applicant is under age of 18)

Date

Printed Name of Parent/Guardian

Signature of School Official

Date

Printed Name of School Official