**Enrollment Agreement**

This Enrollment Agreement is between the above-named school and:

Student’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The school agrees to provide the following training: All programs are offered in English

Course or program title ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class schedule: Full Time \_\_\_or Part time \_\_\_\_\_**

CAMPUS-- Length of program is weeks Clock hours per week = \_ \_ total hours\_ \_

\_\_\_\_\_\_ Clock hours accepted by ZORGANICS Institute as transfer or re-entry (if applicable)

Clock hours being contracted

\_\_\_\_\_\_\_ Weeks/months required completion of the clock hours being contracted with a student

Start date Calculated completion date \_\_\_\_\_\_\_\_\_\_

**Tuition and cost of program** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_initial

| **Application Fee**  **processing Fee**  **Orientation Fee** | **$**  **$**  **$** |
| --- | --- |
| **Tuition**  **Books**  **Material and Supplies** | **$**  **$**  **$** |
| **Enrollment fee**  **Total Tuition and cost. Paid in Full. Yes-----No------** | **$**  **$** |
| **Estimated taxes** | **$** |
| **Total amount due** | **$** |
| **Down payment; \_\_\_\_\_\_\_ paid in full Yes \_\_\_ No\_\_\_\_\_**  **Discount amount \_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_** | **$** |
| **Other Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Balance due Paid \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_ NO\_\_\_\_\_\_\_** | **$**  **$** |
| **Monthly payments** | **$** |
| **Monthly payment start date\_\_\_\_\_\_\_ due \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Payment\_\_\_\_\_** | **$** |
| **Financial Aid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **i) Title IV disbursement ; ii)State Funding Program disbursements; iii) Cash; iv)Check ;v)Credit card**  **vi)Money order/ cashier check; vii) Grant and scholarships; viii)Private loans.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total Balance due** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

\_\_\_\_\_\_\_initial

**Termination:**

Termination by the ZORGANICS INSTITUTE BEAUTY AND WELLNESS: Notwithstanding the forgoing, if this contract is terminated by ZORGANICS INSTITUTE BEAUTY AND WELLNESS due to willful misconduct and/or the inability to maintain Satisfactory Academic Progress (SAP) in accordance with ZORGANICS INSTITUTE BEAUTY AND WELLNESS's policies, the student will be refunded monies according to the WA Refund Policy, numbers 1-9 per WA. A student absent for fourteen (14) consecutive days without notice or documentation will automatically be withdrawn from the program. Termination by institute and applicable administrative fee does not exceed $150.

Once a student begins classes, books and uniforms become property of the student. If the student terminates enrollment, books and uniforms become non-refundable. Product charges will be prorated as applicable.

**Contract Costs and Payment Terms**

Students and sponsors (if applicable) agree to pay the school the tuition and fees for the program selected according to the approved payment plan stated below. The school may, at its option and without notice, prevent students from attending class until any applicable unpaid balance of payments are satisfied. School will charge additional tuition for hours remaining after the contract ending date at the rate of $350 per week or $30 per hour whichever is greater, or any part thereof, payable in advance until graduation. The school may charge a $10.00 transcript fee for transcript requests. The school will charge a re- entry fee to students who have withdrawn and wish to re-enter more than 30 days after termination, of $150. The tuition rates currently at the time of re-entry will apply to the balance of training hours needed for students who re-enroll more than 30 days after the formal withdrawal date unless mitigating circumstances apply. Prior to registering for classes, the school requires students to pay $300 for orientation and attend the orientation after entering into an Enrollment Agreement. Methods of payment include full payment at time of signing the Enrollment Agreement with balance paid prior to start date or through an approved payment plan as stated herein. Payments may be made by cash, check, money order, credit card or through non-federal agencies or loan programs. Students are responsible for paying the total tuition and fees and for repaying applicable loans plus interest. $100 application fee is non-refundable and the processing fee is $78 and enrollment fee of $150 charged by the institute.

Agreement is Binding:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

Changes in the Agreement:

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student’s parent or guardian if he/she is a minor.

Effective Date of Acceptance:

I certify that I have read and understand the cancellation and refund policy and the complaint procedure; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign.

Cancellation of Classes:

The school reserves the right to cancel a starting class if the number of students enrolling is insufficient. Such a cancellation will be considered a rejection by the school and will entitle the student to a full refund of all money paid with the exception of the non-refundable $100 application fee and processing of $78

. If cancellation of classes occurs before the start of the program (classes), the student is entitled to a full refund of the $300 orientation fee only if the student has not attended orientation.

Cancellation and Refund Policy for Student Programs:

1. If an applicant is not accepted by the school, the student is entitled to a full refund of all monies with the exception of the non-refundable $100 application fee and processing fee of $78 and enrollment fee of $ 150.

2. The school must refund all money paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training

\_\_\_\_\_\_\_initial

| Percentage of scheduled enrollment time at notice of cancellation compared to total time of course: | Percentage of tuition and other instructional charges which the Institute may retain: |
| --- | --- |
| 0.01-4.9% | 20% of tuition |
| 5% - 9.9% | 30% of tuition |
| 10% - 14.9% | 40% of tuition |
| 15% - 24.9% | 45% of tuition |
| 25% - 49.9% | 70% of tuition |
| 50% and over | 100% of tuition |

3. The school may retain an established orientation fee equal to ten percent of the total tuition cost, or three hundred dollars, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment.

4. If training is terminated after the student enters classes, the school may retain the orientation fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:

(a) When the school receives notice of the student’s intention to discontinue the training program; or,

(b) When the student is terminated for a violation of a published school policy which provides for termination; or,

(c) When a student, without notice, fails to attend classes for thirty calendar days.

6. All refunds must be paid within thirty calendar days of the student’s official termination date.

**Notice to Student**:

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

Cancellation of Contract:

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract, which notice shall be submitted not later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

Unfair Business Practices:

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**Graduation Requirements**

To graduate and receive a Certificate from ZORGANICS Institute, the following are required:

• Complete a minimum of the documented hours for the contracted course of study as required by the State of Washington and/or ZORGANICS Institute, whichever is higher.

• Complete all examinations, both written and practical and complete all assignments as outlined in the course description. \_\_\_\_\_\_\_initial

• Achieve a minimum cumulative average of 76% in practical and in theory. Fulfill all financial obligations to the Institute as stipulated in the enrollment agreement (contract), payment schedules, and addendums and/or as outlined by a satisfactory payment agreement.

**EMPLOYMENT ASSISTANCE**

ZORGANICS INSTITUTE BEAUTY AND WELLNESS will assist in resume preparation, job interviewing skills, and job placement. ZORGANICS INSTITUTE BEAUTY AND WELLNESS does not guarantee employment. However, ZORGANICS INSTITUTE will maintain ongoing available jobs listings for graduates and alumni.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

Signature of Authorized School Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PrintName\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Notice – RCW 28C.10** Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual’s enrollment agreement and a copy must be provided to the enrollee by the school.

ACKNOWLEDGMENT BY ENROLLEE

1. \_\_\_\_\_\_\_\_ I understand and accept that any contract for training I enter into with the above- named school contains legally binding obligations and responsibilities.

2. \_\_\_\_\_\_\_\_\_ I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter as a means to pay for my training.

3. \_\_\_\_\_\_\_\_\_ I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and myself if I have not entered classes sooner.

4. I have read and received a copy of the signed enrollment agreement contract (please initial)

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this day of\_\_\_\_\_\_\_\_\_\_\_\_ , 20 \_\_\_\_\_\_\_\_

ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears below has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ , 20 \_\_\_\_\_

This school is licensed under Chapter 18.16 RCW. Inquiries concerns or complaints regarding this school may be made to the:

| Department of Licensing,  PO Box 9026,  Olympia, Washington 98507-9026  EMAIL:plssunit@dol.wa.gov  PHONE: (360) 664-6626 | Workforce board 128-10th Ave SW Box 43105 Olympia, WA 98504 Web. Wtb.wa.gov Phone: (360)753-5662 | NACCAS  3015 Colvin Street, Alexandria, VA 22314  [www.naccas.org](http://www.naccas.org)  Phone 703-600-7600 |
| --- | --- | --- |

**Payment schedule:**

\_\_\_\_Private payment: There will be \_\_\_\_ monthly payments of $\_\_\_\_\_\_\_\_\_with the first payment to be made on or before \_\_\_\_\_/\_\_\_/\_\_\_and each successive payment to be made on or before the \_\_\_\_\_day of each month for a period of \_\_\_\_months until the balance is paid full. A fee of $15 per month will be charged for each month for each month that a balance remains on the student account. All monies shall be paid prior to graduation. After 15 days of non-payment , the student may be immediately suspended from the program until the balance is current. A late fee of $25 will be charged if the payment is received after the 5th of the month.

\_\_\_ Payment methods through financial aid: I authorize my financial aid funds ( e.g Pell grants Direct loans Scholarships funds, Affirm Loan, to be applied to my tuition and other institutional charges first during my enrollment at Zorganics Institute Beauty and Wellness.

I also understand that I earn my financial aid monies as I progress in attendance the amount of financial aid that I earn and /or am qualified to receive may not cover all the educational charged( books, material and supplies, fees etc: I understand that I am responsible for any balance that my financial aid fund does not cover and /or have not earned in accordance to financial aids requirements. I understand that loans must be paid back notwithstanding employment status.

\_\_\_ Financial Aid disclosures: I also understand that if for any reason I am deemed ineligible for, or if the institute must return financial aid funds to the funding program for any reason, I will be liable to the institute for any balance due and or not covered by the funding programs. If I obtain a student loan or private loan to pay for educational expenses, I understand that I have the responsibility to repay the full amount of the loan (s) plus interest and fees , less any refund due to termination of enrollment. If applicable.

The student agrees to pay all sums herein required to Zorganics Institute and agrees that performance required of the student under this construct be met/ performed in the city of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and **State of Washington**.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_intitail application

**General Acknowledgments ( Please read and initial the following items);**

\_\_\_ I hereby acknowledge receipt of Zorganics Institute rules and regulations as stipulated in the student catalog , and/ or as outlined on this enrollment agreement and agree to be bound by its terms, which contain information describing program offered, and equipment /supplies provided. The student catalog is included as part of this enrollment agreement. And I acknowledge that I have received a copy of the catalog( paper or electronic).

\_\_\_ I agree to complete the aforementioned course/ program of instruction according to the terms of the schedule selected allowing for on time graduation.

\_\_\_ I understand that Zorganics Institute reserve the right this agreement/ my enrollment if I fail to comply with attendance

\_\_\_I understand that I must maintain satisfactory progress and progress toward graduation as described in the student’s catalog and that my financial obligations to the school must be paid in full before a certificate may be awarded. The Institute agrees to provide any additional class time to assist said students at the institute convenience. This time will be an addition to the original contracted amount, and class will be conducted outside of the normal schedule with regular required attendance remaining in effect

\_\_\_I understand and agree to maintain the highest of standards of professional, ethical and moral conduct during my course/program of instruction at the school.

\_\_\_I release from any and all responsibility with respect to loss or damage of any of my personal property and any personal injuries sustained during my course/program of instruction.

\_\_\_I understand that all financial obligations must be paid in full (including interest and fees as may be applicable) regardless of my satisfaction with the program.

\_\_\_I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation. The school will make reasonable efforts to assist all graduates in locating job opportunities, including posting opportunities on the schools employment bulletin board.

**ENTIRE AGREEMENT:**

This agreement (together with attached exhibits, if any) constitute the entire agreement between the parties pertaining to the subject matter. Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student’s parents or guardian if he/she is a minor.

I have fully read and fully understand my agreement and Zorganics Institute rights under this contractual agreement and will receive copies for my records upon the signing of this contract. I have also received a copy of the school’s current catalog.

\_\_\_\_Initial of Applicant

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instructions begin.

**Notice to Buyer:** Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this legal agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my/our legal responsibilities in regard to this contract/agreement.

DATE\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

DATE\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature if Student under 18 years old

DATE\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature for Zorganics Institute

**Agreement to Binding Arbitration and Waiver of Jury Trial**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree as follows;

1. Any dispute I may bring against Zorganics Institute or any of its parents, subsidiaries, officers, directors, or employees, without limitation, or which the Institute may bring against me, no matter how characterized, pleaded or styled, shall be resolved by binding arbitration pursuant to the Federal Arbitration Act, conducted by American Arbitration Association (the “AAA”), under it’s Consumer Arbitration Rules (“Consumer Rules''), and decided by a single arbitrator. The arbitration hearing will be conducted in Whatcom County. Initials\_\_\_\_\_
2. Both the Institute and I explicitly waive any right to a jury trial. I understand that the decision of the arbitrator will be binding, and not merely advisory. The award of the arbitrator may be entered as a judgment in any court having jurisdiction.

Initials\_\_\_\_\_

1. Neither the Institute nor I shall file any lawsuit against the other in any court and agree that any suit filed in violation of this provision shall be promptly dismissed in favor of arbitration. Both the Institute and I agree that the party enforcing arbitration shall be awarded costs and fees of compelling arbitration. This provision does to affect either party’s right to seek relief in small claims court for disputes or claims within the scope of its jurisdiction.

Initials\_\_\_\_\_

1. The costs of arbitration filing fee, Arbitrator’s compensation, and facilities fees that exceed the applicable court filing fee will be paid by the Institute

Initials\_\_\_\_\_

1. I agree that any dispute or claim I may bring shall be brought solely in my individual capacity, and not as a plaintiff or class member in any purported class action, representative proceeding, mass action or consolidated action.

Initials\_\_\_\_\_

1. Any remedy available from a court under the law shall be available in the arbitration.

Initials\_\_\_\_\_

1. I may, but need not, be represented by an attorney at arbitration.
2. Initials\_\_\_\_\_
3. Except as specifically required by the laws of the State of Washington, the fact of and all aspects of this arbitration and the underlying dispute shall remain strictly confidential by the parties, their representatives. I agree that any actual or threatened violation of this provision would result in irreparable harm, and will be immediately enjoined.
4. Initials\_\_\_\_\_
5. I understand the information about the AAA arbitration process and the AAA Consumer Rules can be obtained at [www.adr.org](http://www.adr.org) or 1-800-778-7879. I shall disclose this document to the AAA if I file an arbitration. Initials\_\_\_\_\_
6. If any paragraph, sub-paragraph, provision, or clause herein is held invalid, said paragraph, sub-paragraph, provision, or clause shall not affect any other paragraph, sub-paragraph, provision, or clause that can have effect without the invalidated paragraph, sub-paragraph, provision, or clause, and thus is severable one from the other. Initials\_\_\_\_\_
7. I acknowledge and give my consent to use an electronic signature to bind me to this agreement. I further acknowledge that this electronic signature attached to this document was created by me as a voluntary and knowing act that represents my intent to be legally bound.

Initials\_\_\_\_\_

I HAVE HAD AN OPPORTUNITY TO FULLY READ AND UNDERSTAND THIS ENTIRE AGREEMENT. BY MY ABOVE INITIALS AND MY BELOW SIGNATURE, I CERTIFY, THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THIS AGREEMENT.

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Student Signature Student Printed Name

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature if Student under 18 years old

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date School Official Signature School Official Printed Name