

**INTERNATIONAL SCHOOL OF NURSING  
ENROLLMENT AGREEMENT  
Home Health Aide Course**

**A. SCHOOL NAME:** International School of Nursing  
**ADDRESS:** 1330 Springs Road, Vallejo, CA 94591 Tel. (707) 557-7173  
**Address where instruction will be provided:** International School of Nursing  
1330 Springs Road, Vallejo, CA 94591

<b>Address of Clinical Sites:</b>	<b>Orchard Post Acute Care 101 S. Orchard Ave., Vacaville, CA 95688 Tel. (707) 448-6458</b>	<b>Martinez Convalescent Hospital 4110 Alhambra Way, Martinez, CA 94553 Tel. (925) 839-2360</b>
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**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
City State Zip Code

**B. ANY QUESTIONS A STUDENT MAY HAVE REGARDING THIS ENROLLMENT AGREEMENT THAT HAVE NOT BEEN SATISFACTORILY ANSWERED BY THE INSTITUTION MAY BE DIRECTED TO THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION AT 2535 CAPITOL OAKS DRIVE, SUITE 400, SACRAMENTO CA 95833, [www.bppe.ca.gov](http://www.bppe.ca.gov), TOLL-FREE TELEPHONE NUMBER (888) 370-7589 OR BY FAX (916) 263-1897.**

**A STUDENT OR ANY MEMBER OF THE PUBLIC MAY FILE A COMPLAINT ABOUT THIS INSTITUTION WITH THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION BY CALLING (888) 370-7589 TOLL-FREE OR BY COMPLETING A COMPLAINT FORM, WHICH CAN BE OBTAINED ON THE BUREAU'S INTERNET WEBSITE [www.bppe.ca.gov](http://www.bppe.ca.gov)**

**C.** This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course of educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain.

**D.** If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language. The institution does not provide **English as a Second Language instruction**.

**E.** This enrollment agreement is for the course: **HOME HEALTH AIDE TRAINING COURSE**, 20 hours of Theory and 20 hours of Clinical, a total of **40 hours** are required to complete the course or educational service.

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

**F.** The period covered by this enrollment agreement Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**G. STUDENT'S RIGHT TO CANCEL**

The student has the right to cancel his or her enrollment agreement for a course of instruction, without any penalty or obligations, through attendance at the first class session, or the seventh day after

enrollment, whichever is later. A student may not cancel by telephoning the school or not attending the class. After the end of cancellation period, the student also has the right to stop school at any time; and has the right to receive a pro rata refund if the student has completed 60 percent or less of the program less the registration fee, cost of book(s) and uniform. The refund is to be paid within 30 days after the cancellation date. Cancellation must be made in writing and delivered via U.S Postal Service or hand delivered to the following address:

Leticia R. Weber, Administrator  
International School of Nursing  
238 S. Hillview Drive  
Milpitas, CA 95035

**H. DATE TO CANCEL**

The student shall have until \_\_\_\_\_ to receive a full refund.  
(Date of cancellation)

**I. REFUND INFORMATION**

The student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the second day after enrollment, whichever is later but not including the registration fee of \$100.00

If the student drops or withdraws from the program after the period stated above, the Home Health Aide student may receive a pro rata refund for the unused portion of the tuition if the student has completed 60% or less of the course less the registration fee, cost of book. Refer to the following computations to determine the amount of refund owed to you.

For example, if the student completes 16 hours of a 40 hour **HOME HEALTH AIDE COURSE** and paid \$600.00 the refund will be computed as follows:

$$\begin{array}{r} \$600.00 \\ \text{Amount of tuition} \\ \text{amount} \end{array} \quad \begin{array}{r} \times \\ \text{amount for, but not received} \\ \hline 40 \text{ clock hrs. paid for} \end{array} \quad \begin{array}{r} 16 \text{ clock hours paid} \\ \hline \end{array} \quad = \quad \$240.00 \text{ refund}$$

If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

**J. DATE OF REFUND**

The school will give the refund to the student on \_\_\_\_\_.  
(Date of Refund)

**K. FINANCIAL AID FUNDS**

If the student obtains a loan to pay for the educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If the student has received federal student financial aid funds, the student is entitled to a refund of the money not paid from federal student financial aid program funds.

If a student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

- (1) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
- (2) The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

International School of Nursing does not participate in a loan program guaranteed by the Federal or State Government.

International School of Nursing does not extend credit or lending money to an individual for institutional and non-institutional charges for an educational program.

**L. FEES AND CHARGES.** The student is responsible for the following fees and charges:

Tuition fees	\$ 600.00
<b>Other Charges:</b>	
Registration fee ( <b>non-refundable</b> )	\$ 100.00 due upon enrollment
Book ( <b>non-refundable</b> )	\$ 50.00
STRF Fee ( <b>non-refundable</b> )	\$ 0.00
<b>Total Charges</b>	<b>\$ 750.00</b>
*Registration fee due upon enrollment	

**THE TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE IS \$ 750.00**  
**ESTIMATED TOTAL CHARGES OF THE ENTIRE EDUCATIONAL PROGRAM IS \$ 750.00**  
**TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT IS \$100.00**

The following items are not applicable in the above charges: equipment, lab supplies or kits, in-resident housing, tutoring, assessment fees for transfer of credits, fees to transfer credits, and charges paid to an entity other than an institution required for participation in the education program.

**M.** Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable prior to signing this agreement.

I certify that I have received the school catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

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

\_\_\_\_\_  
Date

**N.** A student shall enroll solely by means of executing an enrollment agreement. The enrollment agreement is legally binding when signed by the student and accepted by the institution. The enrollment agreement shall be signed by the student and by an authorized employee of the institution.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

O. To the best of my knowledge, I declare that the information submitted is true and correct.

\_\_\_\_\_  
Printed Name & Title of School Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**P. NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS  
EARNED AT OUR INSTITUTION**

The transferability of credits you earn at International School of Nursing is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in Nursing Assistant Training Program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending International School of Nursing to determine if your certificate will transfer.

Q. International School of Nursing does not offer a distance educational program.

R. The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.”

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.

2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.

3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.

4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.

5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.

6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.

7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

“It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, (916) 431-6959 or (888) 370-7589.”  
However, no claim can be paid to any student without a social security number or a taxpayer identification number.”