

**STUDENT INFORMATION**

Student Name	
Address	
City/State/Zip	
Phone	
E-Mail	
Social Security	
Emergency Contact	
Relationship	
Phone	

**ENROLLMENT INFORMATION**

If you require assistance with this agreement, disclosures, and statements because of lack of understanding of the English language, please contact the Chief Academic Officer to arrange for translation services. This document must be completed with a school official in order to assure all questions regarding the enrollment agreement are fully understood and that all required fields are completed prior to admission.

**ADDRESS OF INSTUTION**

All instruction will be held at the Bay Area Training Academy located at 14275 Wicks Blvd San Leandro CA 94577.

**PERIOD THE ENROLLMENT AGREEMENT COVERS**

This agreement covers \_\_\_\_\_.

**PROGRAM INFORMATION**

(To be completed by school administrator)

DATE OF ADMISSION: \_\_\_\_/\_\_\_\_/\_\_\_\_ MO. DAY YR.

PROGRAM TITLE: \_\_\_\_\_

PROGRAM START DATE: \_\_\_\_\_

ANTICIPATED END DATE: \_\_\_\_\_

INSTRUCTORE NAME: \_\_\_\_\_

SCHEDULE:

Day of the week	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

FULL-TIME PART-TIME:(circle)

NUMBER OF WEEKS: \_\_\_\_\_(complete)

HOURS OF INSTRUCTION/CREDIT HOURS \_\_\_\_\_(complete)

**PROGRAM INFORMATION**

\_\_\_\_ EMT Academy 170 Hours (146 Lecture/Skills Hours And 24 Clinical Hours)

\_\_\_\_ CPR BLS For Healthcare Providers Course 4 Hours

\_\_\_\_ CPR BLS For Healthcare Provider Course Renewal Course 4 Hours

**TUITION**

**Estimated/Total Charges BATA EMT Academy:**

Tuition	\$1830.00	
Nonrefundable Registration	\$250.00	Will be applied to total institutional charges
Uniforms	\$109.00	Not included in cost of tuition
Textbook (with eBooks)	\$126.00	Not included in cost of tuition
Application Fee	\$75.00	Not included in cost of tuition
Course Material	\$95.00	Not included in cost of tuition
Nonrefundable STRF Fee	\$0.00	State of CA required/Not included in cost of tuition
<b>ACADEMY TOTAL</b>	<b>\$2,235.00</b>	

**Estimated/Total CPR BLS for Healthcare Provider Initial**

Tuition	\$65.00	
Textbook (with eBooks)	\$15.00	Available for purchase not included in cost of tuition
Nonrefundable STRF Fee	\$0.00	State of CA required
<b>CPR Provider Total</b>	<b>\$80.00</b>	<b>Includes book</b>
<b>CPR Provider Total</b>	<b>\$65.00</b>	<b>Excludes book</b>

**Estimated/Total CPR BLS for Healthcare Provider Renewal**

Tuition	\$40.00	
Textbook (with eBooks)	\$15.00	Available for purchase not included in cost of tuition
Nonrefundable STRF Fee	\$0.00	State of CA required
<b>CPR Provider Total</b>	<b>\$55.00</b>	<b>Includes book</b>
<b>CPR Provider Total</b>	<b>\$40.00</b>	<b>Excludes book</b>

**STUDENT’S RIGHT TO CANCEL**

A student has a right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session or seventh day after enrollment whichever is later. If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal student financial aid program funds.

**Date.** This agreement may be cancelled by \_\_\_/\_\_\_/\_\_\_.

**CANCELLATION REFUND POLICY**

**Cancellation:** A student has a right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session or seventh day after enrollment whichever is later, less the \$250 non-refundable registration fee.

**Rejection:** An applicant rejected by the school is entitled to a refund of all monies paid.

**Withdrawal Procedure:**

1. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Chief Academic Officer. The notice must include the expected last date of attendance and be signed and dated by the student.
2. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.
3. A student will be determined to be withdrawn from the institution if the student misses three instructional days and all the days are unexcused.
4. All refunds must be submitted in writing within 45 days of the determination of the withdrawal date.

Tuition refunds will be determined as follows: *(Please note that the following text provides the minimum refund policy the school may exceed these standards and be more generous to students. If and when the school is eligible to participate in the federal financial aid programs, the school’s refund policy must also comply with the federal guidelines and be described in this enrollment agreement.):* At this time, BATA is not eligible for federal financial aid.

Pro Rata Refund Policy

Proportion of Total Program Taught by Withdrawal Date
60% or less of the program

The pro rata refund shall be no less than the total amount owed by the student for the portion of the educational program subtracted from the amount paid by the student calculated as follows: the amount owed equals the daily charge for the program total charge, divided by the number of hours in the program, multiplied days student attended was scheduled to attend prior to withdrawal.

**NOTICE TO BUYER:**

1. Do not sign this agreement before you have read it or if it contains any blank spaces. This agreement is a legally binding contract. 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. Only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. \_\_\_\_\_  
(Student Signature)
2. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
3. This agreement and the school catalog constitute the entire agreement between the student and the school.
4. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
5. The school reserves the right to reschedule the program start date with the number of students scheduled is too small.
6. The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct.
7. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.
8. If the student defaults on a federal or state loan both the following may occur
  - a) 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 owned on the loan.
  - b) The student may not be eligible for any other feral student financial aid at another institution or other government financial assistance until the loan is repaid.

**STUDENT ACKNOWLEDGMENTS:**

1. I hereby acknowledge receipt of the school's catalog dated \_\_\_\_/\_\_\_\_/\_\_\_\_, which contains information describing programs offered, and equipment/supplies provides. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.  
\_\_\_\_\_ (Student initials)
2. I have carefully read and received an exact copy of this enrollment agreement.  
\_\_\_\_\_ (Student initials)
3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded.  
\_\_\_\_\_ (Student initials)
4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.  
\_\_\_\_\_ (Student initials)
5. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the State all student complaints must be submitted in writing.  
\_\_\_\_\_ (Student initials)
6. "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."  
\_\_\_\_\_ (Student initials)
7. "I certify that I have received the 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."  
\_\_\_\_\_ (Student initials)
8. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.  
\_\_\_\_\_ (Student initials)
9. The enrollment agreement is legally binding when signed by the student and accepted by the institution.  
\_\_\_\_\_ (Student initials)

**CONTRACT ACCEPTANCE**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by the Bay Area Training Academy

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.”

Total Charges for The Current Period of Attendance; \$ \_\_\_\_\_

Estimated Total Charges for The Entire Educational Program; \$ \_\_\_\_\_

**Total charges the student is obligated to pay: \$ \_\_\_\_\_**

Signed this month \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF STUDENT**

\_\_\_\_\_  
**SIGNATURE OF SCHOOL OFFICIAL**

**REPRESENTATIVE’S CERTIFICATION:**

I hereby certify that \_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the Bay Area Training Academy at \_\_\_\_\_ (Program of Study), as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**ESTIMATED/TOTAL COST OF PROGRAMS FOR EMT ACADEMY:**

**BATA EMT Academy:**

Tuition	\$1830.00	
Nonrefundable Registration	\$250.00	Will be applied to total institutional charges
Uniforms	\$109.00	Not included in cost of tuition
Textbook (with eBooks)	\$126.00	Not included in cost of tuition
Application Fee	\$75.00	Not included in cost of tuition
Course Material	\$95.00	Not included in cost of tuition
Nonrefundable STRF Fee	\$0.00	State of CA required/Not included in cost of tuition
<b>ACADEMY TOTAL</b>	<b>\$2,235.00</b>	

**ESTIMATED/TOTAL COST OF PROGRAMS FOR CPR COURSE:**

**CPR BLS for Healthcare Provider Initial**

Tuition	\$65.00	
Textbook (with eBooks)	\$15.00	Available for purchase not included in cost of tuition
Nonrefundable STRF Fee	\$0.00	State of CA required
<b>CPR Provider Total</b>	<b>\$80.00</b>	<b>Includes book</b>
<b>CPR Provider Total</b>	<b>\$65.00</b>	<b>Excludes book</b>

**ESTIMATED/TOTAL COST OF PROGRAMS FOR CPR RENEWAL:**

**CPR BLS for Healthcare Provider Renewal (Refresher)**

Tuition	\$40.00	
Textbook (with eBooks)	\$15.00	Available for purchase not included in cost of tuition
Nonrefundable STRF Fee	\$0.00	State of CA required
<b>CPR Provider Total</b>	<b>\$55.00</b>	<b>Includes book</b>
<b>CPR Provider Total</b>	<b>\$40.00</b>	<b>Excludes book</b>

1. "As a prospective student, you are encouraged to review this catalog prior to signing an enrollment agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement."
2. "You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:
  - a) 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 either by cash, guaranteed student loans, or personal loans, and
  - b) Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

- You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:
- a) You are not a California resident, or are not enrolled in a residency program,  
or
  - b) Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party."
3. "The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private Postsecondary Education. You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid STRF assessment, and suffered an economic loss as a result of any of the following:
- a) The school closed before the course of instruction was completed.
  - b) The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
  - c) The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
  - d) There was a material failure to comply with the Act or the Division within 30-days before the school closed or, if the material failure began earlier than 30-days prior to closure, the period determined by the Bureau.
  - e) An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act."
  - f) However, no claim can be paid to any student without a social security number or a taxpayer identification number.
4. **“NOTICE”**  
“You may assert against the holder of the promissory note you signed in order to finance the cost of the educational program all of the claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note.”
5. "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 or P.O. Box 980818, West Sacramento, CA 95798-0818, [www.bppe.ca.gov](http://www.bppe.ca.gov), (888) 370- 7589 or by fax (916) 263-1897"



6. "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 or by completing a complaint form, which can be obtained on the bureau's internet web site ([www.bppe.ca.gov](http://www.bppe.ca.gov))."

**TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INTSTIUTION.**

“The transferability of credits you earn at the Bay Area Training Academy is at the complete discretion of an in institution to which you may seek to transfer. Acceptance of the certificate in EMT or CPR you earn is also at the complete discretion of the institution to which you may seek to transfer. If the certificate in EMT or CPR that you earn at this institution is not accepted at the instruction to which you seek to transfer, you may be required to repeat some or all your coursework at the 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 the Bay Area Training Academy to determine if your certificate will transfer”.

**Distance Educational Program**

Bay Area Training Academy does not currently offer any distance educational programs.