

BLYTHEVILLE SCHOOL OF COSMETOLOGY

Where we specialize in beauty

100 E. Main St
Blytheville AR, 72315
870 838 1218

Welcome to BSC! You have made the right decision to further your future career.

PURPOSE: To take courses at the Blytheville School of Cosmetology (BSC). Cosmetology course includes Hygiene and Sanitation, Hairdressing, Manicuring and Cosmetic Therapy.

ENROLLMENT AGREEMENT INSTRUCTIONS: Please read, complete, date and sign the application. Please be prepared to provide a copy of your driver's license, social security card, and High school diploma or GED. Once we have received your request of enrollment, we will instruct you on further instructions for enrollment, to start fulfilling your rewarding career as a professional.

What would you like to study?

- Cosmetology Course Hours _____ Previous Hours: _____
- Manicuring Course Hours _____ Previous Hours: _____
- Instructor Course Hours _____ Previous Hours: _____
- Esthetician Course Hours _____ Previous Hours: _____

GRADUATION REQUIREMENT: By signing, you agree that in order to graduate from the program, and to receive a diploma, you must successfully complete the required number of clock hours as specified above, pass all written and practical examinations with a 75% average and satisfy all financial obligations to the school.

To be completed at the school after the discussion with program manager/director:

The full payment of _____ will be required prior to graduation. Installment payment due date is _____ each month until paid in full.

How will your courses be paid?

- Cash Private Loan State Program V.A

COMPLETE THIS STATEMENT: I understand that I must complete the program by _____, or I will be required to pay **\$20.00 per program hour** for the hours remaining after the completion date. The additional hourly fee may be waived only with the written consent of the school upon a determination of circumstances warranting such a waiver.

Applicant Introduction Information:

Last Name: _____ First Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License / State ID No.: _____ ID's State: _____

Applicant Background Information:

What is your Gender? Male Female

Are you a Citizen? Yes No Are you a legal resident? _____

What is your ethnicity? African-American Caucasian Hispanic Other

Applicant Educational and Occupational Background:

What is your highest level of education?

High School GED Bachelors Masters

Are you currently employed? No Yes Where? _____

Have you ever been convicted of a felony? No Yes _____

REFUND POLICY:

An applicant not accepting training by BSC should be entitled to a refund of payment, with exception of the enrollment fee.

If a student (or in the case of a student under age, his/her parent or guardian) cancels his/her enrollment and requests in writing his/her payment refunded, **within/after three (3) business days** of signing of an enrollment agreement or contract, all payments collected by the BSC, **less the application, registration or enrollment fee shall be refunded.** This is to be determined by the postmark on written notifications, or the date said information is delivered to the administrator or owner in person. This policy applies regardless of whether or not the student has actually started training.

For students who enroll in classes and receiving Title IV payments, the schedule for tuition adjustments is authorized (see Table 1):

Percentage Time to Total Time of Course	Amount of Total School Owned	Tuition
0.01% to 4.9%	20%	
5% to 9.9%	30%	
10% to 14.9%	40%	
15% to 24.9%	45%	
25% to 49.9%	70%	
50% and over	100%	

*TABLE 1: FOR PELL AND TITLE IV STUDENTS ONLY.

Enrollment time is defined as the time elapsed between the actual starting dates of the students last day of physical attendance in school. Any payments due by the applicant or student shall be refunded within thirty (30) days of formal cancellation by students, as defined previously or formal termination by BSC, which shall occur no more than thirty (30) days from the last day of physical attendance, or in the case of leave of absence, the documented date of return.

Students who terminate prior to course completion will be charged a **\$200** termination fee, plus the tuition unless other arrangements have been made in writing.

If BSC is permanently closed and no longer has offers instruction after a student's enrollment, the student shall be entitled to a pro-rated refund of tuition.

If a course is cancelled subsequent to a student's enrollment, BSC shall either provide a full refund of payment or provide services for completion of the course.

GROUNDS FOR TERMINATION: Student termination is the disciplinary action we do not want to utilize for our students. However, if it becomes necessary, the following are grounds for termination of a student from our school: Not making satisfactory progress in Theory Class, Practical Training or Attendance; Disregard for the school's rules and regulations; and failing to make tuition payments to school.

ACKNOWLEDGEMENT AND SIGNATURES: This contract contains the entire agreement between the applicant and Blytheville School of Cosmetology, and no further modification or representation except herein expressed in writing will be recognized. By signing this contract you have acknowledge and agree to the content of this agreement, are satisfied with your completion of the blanks on the form, and have a copy for your records.

Signature of Applicant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of BSC Official: _____

Acceptance Date: _____