



# FOCUS

**Career Group, Inc.**

352 Seventh Avenue ■ 8<sup>th</sup> Floor, Suite 805 ■ New York, NY 10001-5012

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## ENROLLMENT AGREEMENT

<b>Student Name:</b>		
<b>Address:</b>		
<b>Phone:</b>	<b>SS#</b>	<b>D.O.B.:</b>

The above listed school and student enter into agreement under which the student will pay tuition and fee as indicated below as will adhere to the school's rule and regulations as set forth in the school catalog. The school will instruct the student in curriculum listed below in accordance with Education Law and Commissioner's Regulations.

<i>Program</i>	<i>[ ] Medical Office Assistant</i>
<i>Hours</i>	<i>360</i>
<i>Internship</i>	<i>100</i>
<i>Tuition</i>	<i>\$2,200</i>
<i>Books</i>	<i>\$200</i>
<i>Reg. Fee</i>	<i>\$100</i>
<i>Total</i>	<i>\$2,500</i>
<i>Refund Policy</i>	<i>1 Quarter of 14 weeks</i>

**Day Schedule: 9:00 a.m. – 4:00 p.m. M-F Fifty (50) minutes constitutes 1 hour of training.**

- M T W F 6 Instructional hours a day. 14 weeks Total**
- M W TH F 24 hours per week 1 Quarter of 14 weeks**

**Hours of School Operation: 9:00 a.m. – 9:30 p.m. M-F (Sat. 9-4) p.m.**

**Start Date: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_**

**Method of Payment: Initial Down Payment of \$500 with Bi-weekly payments of \$200 until balance is paid.**

*\*Denote: Reference books are not included in the package. These books must be kept on premises at all times. However, student has an option to purchase these books.*

*\* Denote: Workforce voucher students registration fee will be waived.*

*\* Denote: Students must have tuition paid in full before obtaining certificate or diploma.*

By my signature, I agree to the conditions of this agreement. I also verify that I have reach and received a copy of the agreement and the school catalog.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The agent who enrolled me was:

\_\_\_\_\_ Cert. #: \_\_\_\_\_

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

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

I have received a copy of the student Disclosure Material.

Student Signature \_\_\_\_\_ - Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Accept for the school by \_\_\_\_\_ - Date \_\_\_\_/\_\_\_\_/\_\_\_\_