



# FOCUS

**Career Group, Inc.**

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

Tel: (212) 631-7571 ■ Fax: (212) 631-7572

## 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 fees as indicated below as well as adhere to the school's rules and regulations and set forth in the school catalog. The school will instruct the student in the curriculum listed below in accordance with Education Law and Commissioner's Regulations.

<i>Program</i>	<input type="checkbox"/> <i>Computer Microsoft Office User Specialist</i>
<i>Hours</i>	<i>184</i>
<i>Tuition</i>	<i>\$2,200</i>
<i>Books</i>	<i>\$ 250</i>
<i>Reg. Fee</i>	<i>\$ 100</i>
<i>Total</i>	<i>\$2,500</i>
<i>Refund Policy</i>	<i>1 Quarter of 12 weeks</i>

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

- |                                  |                             |                       |
|----------------------------------|-----------------------------|-----------------------|
| <input type="checkbox"/> M, W, F | 6 instructional hours a day | 12 weeks total        |
|                                  | 18 hours per week           | 1 Quarter of 12 weeks |

**Hours of School Operation: 9:00 a.m. 10 p.m. (M-F) Sat. 9-4.**

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

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

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

*\* Denote: Students must have tuition paid in full be 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 \_\_\_\_/\_\_\_\_/\_\_\_\_