



## STUDENT ENROLLMENT AGREEMENT

The Avalon School of Astrology, Inc.

6212 NW 43rd Street, Suite A

Gainesville, FL 32653

Occupational License #:028097

Phone #:352-375-1250

E-mail: avalon@avalonastrology.com

### STUDENT INFORMATION:

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NAME:

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ADDRESS:

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City:

State:

County:

Zip:

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TELEPHONE: (Home)

(Work)

E-mail:

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### PROGRAM INFORMATION:

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PROGRAMS TITLE: Professional Astrology Certificate (PAC)

CLOCK HOURS: 450

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PROGRAMS COMPLETION PERIOD: PAC: Part-Time Evening

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CLASS SCHEDULE: Part-Time Evening

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STARTING DATE:

ANTICIPATED ENDING DATE:

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### CANCELLATION AND REFUND POLICY:

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by electronic mail, or by Certified mail.
  2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the Enrollment Agreement and making initial payment
  3. Cancellation after the third (3rd) business days, but before the first class, will result in a refund of all monies paid, with the exception of the registration fee (not to exceed \$150.00).
  4. Cancellation after attendance has begun but up to a minimum of 40 percent of a program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.
  5. Cancellation after completing 40% of the program will result in no refund.
  6. Termination Date: When calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice was received.
  7. Refunds will be made within 30 days of termination or receipt of Cancellation Notice from the student.
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### PROGRAM PRICE:

#### Professional Astrology Certificate:

TOTAL TUITION FEE (10 Courses) \$ 4000.00

REGISTRATION FEE \$ 25.00

BOOKS & SOFTWARE \$ 600.00

**TOTAL PROGRAM PRICE \$ 4,625.00**

#### METHODS OF PAYMENT:

\* Registration fee is required with submission of this form.

\* Tuition is paid for each course prior to the beginning of each course.

\* Tuition Fee per course: \$ 400.00

All prices of programs are printed herein. There are no additional carrying charges, interest charges, or service charges connected or changed with any of these programs. Contracts are not sold to a third party at any time. Cost of credit is included in the price costs for the goods and services.

Upon successful completion of the program, The Avalon School of Astrology, Inc. will assist each graduate with job placement; however, The Avalon School of Astrology, Inc. does not guarantee employment. A Diploma will be issued to each student who successfully completes the program and satisfies all requirements.

**IMPORTANT: THIS CONTRACT IS A BINDING AGREEMENT BETWEEN THE AVALON SCHOOL OF ASTROLOGY INC. AND THE STUDENT. IF A PARENT OR GUARDIAN ALSO SIGNS THIS CONTRACT, THE PARENT OR GUARDIAN MUST ALSO READ THIS CONTRACT. AFTER SUBMITTING THIS CONTRACT, A SCHOOL OFFICIAL WILL SIGN IT AND PROVIDE A COPY TO ALL SIGNERS OF THIS CONTRACT. KEEP THIS COPY TO PROTECT YOUR LEGAL RIGHTS.**

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**VERTICAL LISTING**

Tuition, Cash Price	\$ _____	Balance Tuition Due	\$ _____
Paid with Application	\$ _____	Amount Financed	\$ _____
To be Paid as follows:		Annual Percentage Rate	_____
On or before the date of entrance	\$ _____		
Or on the first day of each month until paid in full.	\$ _____		
Or on the first day of each week until paid in full.	\$ _____		

**ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.**

**SIGNATURE:** I attest that I have read this contract, and my signature is given below.

\_\_\_\_\_ Date: \_\_\_\_\_  
Student's Signature

Printed Student's Name: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature if Student is under 18 years old

Printed Guardian's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ACCEPTED BY:**

\_\_\_\_\_ Date: \_\_\_\_\_  
School Official's Signature

Printed Name: \_\_\_\_\_