



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:

NAME:

ADDRESS:

City:

State:

County:

Zip

TELEPHONE: (Home)

(Work)

E-mail:

PROGRAM INFORMATION:

PROGRAMS TITLE: Professional Astrology Certificate (PAC)

CLOCK HOURS: 450

(Circle One)

Theoretical and Applied Cosmic Cybernetics (TACC) Diploma

CLOCK HOURS: 450

PROGRAMS COMPLETION PERIOD: PAC: Part-Time Evening = 2 Years

TACC: Part Time Evening = 2 Years

CLASS SCHEDULE: Part-Time Evening

STARTING DATE:

ANTICIPATED ENDING DATE:

CANCELLATION AND REFUND POLICY:

If a student should be terminated or cancel for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation must be made in person 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 day, but before the first class, will result in a refund of all monies paid, with the exception of the registration fee.
4. Cancellation of any course prior to 10% completion of that course will result in a full refund of the payment for the course.
5. Cancellation after 10% of the completion of any course, but prior to 20% of the completion of the course, will result in a pro rata refund computed on the number of hours completed to the total course hours.
6. Cancellation after completing 20% of any course will result in no refund for that course.
7. Termination Date: The termination date for refund computation purposes is the last date of actual attendance by the student unless earlier written notice is received.
8. Refunds will be made within 30 days of termination or receipt of Cancellation Notice.
9. A student can be dismissed, at the discretion of the Director, for insufficient progress, non payment of costs, or failure to comply with rules.

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

Theoretical and Applied Cosmic Cybernetics:

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.

VERTICAL LISTING

Tuition, Cash Price	\$ _____	Balance Tuition Due	\$ _____
Paid with Application	\$ _____	Amount Financed	\$ _____
To be Paid as follows:			
On or before the date of entrance	\$ _____	Annual Percentage Rate	\$ _____
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: _____