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Student Application

Demographics

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date Available: Social Security No.:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have any experience in the dental field? YES NO If yes, explain?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

_____ _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Employment History

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Cancellation and Settlement Policy

This enrollment agreement may be canceled within five calendar days after the date of signing, provided that Zam Dental Assistant School is notified of the cancellation in writing. If such cancellation is made, Zam Dental Assistant School will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes or training.

Refund Policy

- A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- A student who starts class and withdraws after the academic term is 15% completed, but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- A student who starts class and withdraws after the academic term is 25% completed, but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

Zam Dental Assistant School shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

I acknowledge that I have received read and agree with the training policies and procedures stated. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant Signature: _____ Date: _____

Parent or Guardian (if applicable) _____ Date: _____

Training representative: _____ Date: _____

Disclaimer and Signature

I am hereby enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this enrollment agreement. Circle One

Dental Assistant Online Course \$3400

Dental Assistant in Person Course \$3400

Select a Payment Plan Below

Payment Plan A

\$3400

Pay in Full

Payment Plan B

Complete Course in 12 weeks

Down Payment \$1700.00

Payment Plan C (online course only)

Finish the course and pay at your own pace

Down Payment \$1000

Create a personal payment plan with us to pay

Payments can be made online at www.zamdentalassistantschoo.com or via cash app

@\$ZamDas

All Tuition and fees for one term only. Payment is due prior to the start of classes. Students may opt in for a down payment paid prior to the start of classes with the balance due prior to the completion of the course.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

