



3114 West Marshall Street, Suite A
Richmond, Virginia 23230
Office Phone: (804) 249-6200
Fax: (804) 359-1209
www.lbbeautyacademy.com

APPLICATION/ENROLLMENT CONTRACT

Student Information:

Name: (Last) _____, (First) _____ (M.I.) ____ (DOB) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (C) _____ (W) _____

Email: _____

ID#: _____ U. S. Citizen: Yes ____ No ____

In case of emergency call:

Name: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Work Experience:

Place of Employment: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Cancellation Refund Policy:

For students who enroll in cosmetology, begin classes and then cancel, the following schedule of refunds is authorized as indicated to tuition due the Academy as indicated.

Percentage of Enrollment time to total time of course	Amount of total tuition, the school shall retain
00.01 to 04.9%	30%
05.00 to 09.9%	40%
10.00 to 14.9%	55%
15.00 to 24.9%	70%
25.99 to 49.9%	95%
50.00 and over	100%

Enrollment time is defined as the time elapsed between actual starting and the date of the student's last day of attendance at the academy.

Refund Calculation Form:

Student: _____

Date Started: _____

Last day of attendance: _____

Amount due School: \$ _____

Total amount paid: \$ _____

Tuition: _____

Registration and Fees: _____

Other: _____

Kit and Book: _____

Other: _____

Total Amount Due/Refunds _____ to school or student

Hours/Days needed to complete total course _____

Hours/Days attended to last day of attendance _____

Student Acknowledgement:

I hereby acknowledge **that I have received** the school's catalog dated _____ (Provided online), which contains information describing programs offered, and equipment/supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have read this catalog.

_____ Student Initials

I have carefully read a copy of this enrollment agreement in its entirety.

_____ Student Initials

I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirement or if I fail to abide by established standards of conduct. While enrolled in the school, I understand that I must maintain satisfactory academic progress and that my financial obligation to the school must be paid in full before a certificate may be awarded.

_____ Student Initials

I understand that the school does not guarantee job placement to graduates upon program completion.

_____ Student Initials

I understand that complaints, which cannot be resolved by direct negotiations with the school, may be filed with the Department of Professional and Occupational Regulations, 9960 Mayland Drive, Suite 400, Richmond, Virginia 23233 **and/or State Council of Higher Education for Virginia (SCHEV), James Monroe Building, 101 North 14th Street, Richmond, Virginia 23219.**

_____ Student Initials

I understand that the enrollment/contract is a binding agreement between LB Beauty Academy, Inc. and me. Any modifications to this contract shall be made in writing, and approved by the Director.

_____ Student Initials

I have read and fully understand this contract and the Academy catalog in its entirety, I have accepted a copy of this enrollment/contract and catalog and all blank spaces have been filled out to my satisfaction.

_____ Student Initials

I acknowledge that the academy's objectives are to assist me in the development of basic manipulative details, safety, judgment, technical knowledge and related information for employment in all aspects of Esthetics.

_____ Student Initials

I understand that \$100 of the Registration fee is non-refundable.

_____ Student Initials

Signature of Applicant: _____

Date: _____

Contract Acceptance:

I, the undersigned have read and understand this agreement; (A copy will be given upon request). It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the school official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by LB Beauty & Training Academy, Inc. (T/A LB Beauty Academy)

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____, 20_____.

Signature of Student

Date

Signature of School Official

Date

Representatives Certification:

I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the _____ (program name) at LB Beauty Academy, as described in the school catalog. I further certify that there have been or written agreements or promises other than those appearing on this agreement.

Signature of School Official

Date

Loans by LB Beauty Academy, Inc.

Truth – In Lending Disclosures required by code: 1026.46

School Loans made by LB Beauty Academy, Inc. to students are for tuition fees only. School loans under \$10,000.

The following particulars are agreed to by students/grantor and the Academy: Interest rate: _____

Fees/Defaults/Late Payments: A \$25 late fee will apply if agreed payment amount is not paid by due date: **Two missed payments will result in loan default and full payment will be required.**

Payment due dates will not be deferred. If I file bankruptcy I will be required to pay back the loan.

Student: _____

Date: _____

Academy: _____

Date: _____

Loan Interest Rate and Fees:

Tuition Fee: \$ _____

Less Deposit: \$ _____

Amount Financed: \$ _____ (% Interest)

Schedule of Repayment: **Expected Final Payment:**

Weekly: _____ # _____ (weeks) Date Due: _____

Monthly: _____ # _____ (Months) Date Due: _____

Specific Other: _____ Date Due: _____

Student: _____ Date: _____

Guarantor: _____ Date: _____

As guarantor I understand that I am liable for amounts set forth herein if student does not pay.

Academy Representative: _____ Date: _____