**Student Enrollment Application**

**Instructions:** Please complete the blank sections including the class(es) you are signing up for, save and send to [admissions@astarinstitute.org](about:blank) . Otherwise, print and complete the application. Once completed, you may scan and e-mail, U.S. mail or hand in your application at our office listed above.

**Personal Information** *(please complete the following sections)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Today’s Date:** | | | | | |  | | | | | | | | | |
| **Applicant Name:** | | | **FIRST:** | | | | | **MIDDLE:** | | | **LAST NAME(S):** | | | | |
| **Date of Birth:** | | |  | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | **Apt. #:** |  | |
| **City:** |  | | | | | | | | **State:** |  | | **Zip Code:** | | |  |
| **1st Phone:** | | | | |  | | | | **2nd Phone:** | |  | | | | |
| **E-mail:** | |  | | | | | | | | | | | | | |
| **Social Security Number:** | | | | | | |  | | | | | | | | |

**Emergency Contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Contact Name:** | |  | | |
| **Relationship to Applicant:** | |  | | |
| **1st Phone:** |  | | **2nd Phone:** |  |

**Supplemental**

|  |  |
| --- | --- |
| **How did you hear about Astar?** |  |

Astar Education Institute admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship and loan programs and other school-administered programs

**((ADMISSIONS ONLY))**DATE OF ADMISSION: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ASTAR STUDENT ID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SESSION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
PROGRAM START DATE: \_\_\_\_\_\_/ \_\_\_\_\_\_/\_\_\_\_\_\_ ANTICIPATED END DATE: \_\_\_\_\_\_/ \_\_\_\_\_\_/\_\_\_\_\_\_

**CANCELLATION/ REFUND POLICY**

**The school reserves the right to reschedule the program start date due to low enrollment.**

**I. Withdrawal & Termination Policy:**

**If a student withdraws before or after the start of a program:**

* A student choosing to withdraw before the commencement of classes must provide written notice to the Admissions Director. If the withdrawal is due to medical reasons, documentation showing medical circumstances must be submitted with the written request.
* Astar reserves the right to terminate a student who fails to reach or achieve academic progress based on Astar’s student academic progress policy and/or if a student is absent for five or more consecutive unexcused instructional days. This applies to both classroom and clinical days. No refunds of any kind will be issued under these circumstances.

**II. Refund Policy**

* Application Fee/Deposits for any and all programs are non-refundable and non-transferable to another program under any and all circumstances. Students have 60 days from enrollment date to use their deposit in that specific class.
* All textbook, uniform, lab fees and materials costs for any and all programs are non-refundable under all circumstances.
* If an applicant is rejected for enrollment by Astar, Astar will refund all tuition monies and fees (***minus the non-refundable application fee***).
* If Astar cancels or postpones a program subsequent to an student’s enrollment but prior to the student attending any classes, Astar will refund all tuition monies and fees (***minus the non-refundable application fee***).
* If an applicant cancels their enrollment at Astar, written notification must be provided at least **5 business days** in advance of the program start date to be eligible for a tuition refund or to apply the tuition deposit to a different session or date (including any CPR class). For applicants who cancel enrollment less than 5 business days prior to the program start date (including any CPR class), all tuition will be forfeited. ***Application fees and late payment fees are non-refundable under all circumstances.***
* Students enrolled in any and all healthcare programs must complete Astar’s CPR class (for a $100 fee) on the date assigned to their specific class session unlessevidence of a valid CPR certification is provided **before** the scheduled start date of their main program. Students who cannot attend their assigned CPR class date must provide written notification and supporting documentation upon enrollment or else the $100 CPR fee will be forfeited and will not be refunded OR transferred to any other CPR class.
* Applicants who have cancelled their enrollment and followed Astar policy by providing written notice at least 5 business days in advance are eligible to transfer their tuition deposit to a different session and/or program (***minus the non-refundable & non-transferrable application fee***). A new application fee must be made for the applicant’s updated program/session.
* All refunds will take **15 business days** to process. Original payments made in the form of cash will be awarded a refund check for the appropriate amount. All credit card refunds have a $35 processing fee deducted from the original tuition amount and the credit card used at initial registration is needed to process the appropriate refund.
* A 24-hour cancellation notice must be given in advance for all **private tutoring**; if a 24-hour cancellation notice is not received, the student will be charged a $35 cancellation fee.

**ABSENTEEISM POLICY**

Absenteeism is the responsibility of the student. Students are not able to graduate and obtain program certificates unless they have successfully completed all hours required of the specific program they are enrolled in. Should a student miss classroom, lab or clinical hours, for any reason, they will be unable to graduate until those hours are successfully made up.

* All make-up hours are priced at $35 per hour. This fee applies to online AND live courses and includes classroom, lab and clinical hours for any and all Astar programs.
* Documentation is required from any and all absences regardless of program in order for the absence to be considered excused. Students with excused absences will be given **ONE** option to reschedule missed hours with a different session.
* Astar reserves the right to postpone any class (including CPR) due to low enrollment. A minimum of 6 students is required to open each training session.
* Students who fail to make-up any and all missing program hours will not be permitted to graduate or obtain a certificate of completion for their program of enrollment. The $35 make up fee will be applied for these hours regardless of the program.
* If the withdrawal is due to medical reasons, documentation showing medical circumstances must be submitted with the written request.

**NOTICE TO BUYER**

1. Although Astar Education Institute will provide job placement assistance, it does not guarantee job placement to graduates.
2. Astar Education Institute reserves the right to terminate a student’s training without refund due to unsatisfactory progress, nonpayment of tuition or failure to abide by standards of conduct.
3. Astar Education Institute reserves the right to charge an $100 fee for any and all late payments for all programs. Late payments include all required tuition payments not paid in full at least 24-hours before the **final theory class of the training session the student is enrolled in. This fee will be added to the outstanding final tuition.**

**CONTRACT ACCEPTANCE**

I, grant Astar Education Institute permission to use my photographs and/or videos taken of me and/or by Astar representatives, volunteers, employees or agents for educational and/or marketing purposes. This includes but is not limited to print media, social media and online forums. \_\_\_\_\_\_\_\_\_\_\_ (Initials)

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

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCES (Admissions Only)**

**Total Approved Tuition Amount:**  $ \_\_\_\_\_\_\_\_\_\_\_ *(please indicate any custom payment plan arrangements in   
 the notes section below)*

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**Discount Approved:**  **YES NO \_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Amount Reason Date**

**WIOA Student: YES NO Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Follow-up Notes: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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