



# Student Application and Enrollment Agreement

This Student Enrollment Agreement (Enrollment Agreement) and Program Application (Application) contained in this packet constitutes a binding contract between the Student and Grace School of Nursing upon completion and acceptance.

## APPLICATION:

**Practical Nursing, Nursing Assistant, Patient Care Technical, Phlebotomy**

***READ THIS AGREEMENT CAREFULLY AS THIS IS A LEGAL AND BINDING CONTRACT***

### **SELECT CAMPUS:**

**Main Campus**

#### **West Palm Beach Campus**

5725 W Corporate Way, Suite 210,

West Palm Beach, FL 33407

Office: 561-318-0420 or 561-318-0417

### **SELECT PROGRAM:**

#### **Certificate or Diploma**

Practical Nursing WEST PALM BEACH FLORIDA

Nursing Assistant WEST PALM BEACH

Patient Care Technical WEST PALM BEACH

Phlebotomy WEST PALM BEACH

### **APPLICANT INFORMATION:**

**Name:**

\_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE

**Address:**

\_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP/POSTAL CODE

**Phone Number:**

\_\_\_\_\_ AREA CODE \_\_\_\_\_

**Email:**

\_\_\_\_\_

**SSN:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date Of Birth:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

**Citizenship:**

U.S. Citizen     Permanent Resident     M-Visa Student     Other – Home Country: \_\_\_\_\_

**Gender:**

Male  
 Female

**Race (Optional):**

American Indian/Alaska Native     Asian     Black/African American     Race/Ethnicity Unknown  
 Native Hawaiian/Pacific Islander     White     Hispanic/Latino



Emergency Contact: \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

**EDUCATION:**

- General Education Diploma (GED)  2 Year College
- High School Diploma  Bachelor's Degree or Higher
- Some College

Name of High School: \_\_\_\_\_ County/State: \_\_\_\_\_

Address: \_\_\_\_\_  
NO. & STREET CITY STATE ZIP CODE

Will you be requesting a review of transfer credits?  Yes  No

Name of College 1: \_\_\_\_\_ County/State: \_\_\_\_\_

Name of College 2: \_\_\_\_\_ County/State: \_\_\_\_\_

**WORK HISTORY:**

**Certifications in the State of Florida:**

- Certification #: \_\_\_\_\_  Certification #: \_\_\_\_\_
- License #: \_\_\_\_\_  License #: \_\_\_\_\_

\*CHECK BOX IF STUDENT HAS COMPLETED A NURSING PROGRAM.

Have you ever been convicted of a felony or misdemeanor?  Yes  No

**Have you ever been enrolled in a healthcare program?**

*Nursing, LPN, CNA, Nursing Assistant, Patient Care Technical, Phlebotomy Medical Assistant, Home Health Aide, etc.)*  Yes  No

Program Name: \_\_\_\_\_ School Attended: \_\_\_\_\_

Have you ever worked in healthcare? (Nursing, LPN, CNA, Medical Assistant, Home Health Aide, etc.)  Yes  No

Job Title: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Date of Hire: \_\_\_\_\_



**PROGRAM GOAL:**

Why are you interested in attending Grace School of Nursing? (Check all that apply)

- Career Advancement       Personal Enrichment       Better Pay       In Demand Job

Other: \_\_\_\_\_

All shadowed areas must be filled in or circled.

Start Date: [ ] / [ ] / [ ]

Anticipated End Date: [ ] / [ ] / [ ]

**PROGRAM SCHEDULE\*:**

- AM    or     PM

*\*GNSN will do its best to accommodate your preferred session. However, preferred sessions are not guaranteed throughout the life of the program.*

**Clinical Rotations:**

Practical Nursing/Nursing Assisting/Patient Care Technician/Phlebotomy includes a combination of medical facility, simulation lab. *The student will receive further details of this schedule at the mandatory orientation which occurs approximately one week before classes begin. Most clinical sites are usually within 25 miles of the school; however, some sites can be located up to 50 miles from the school. The school will continually strive to provide the student with clinical experiences that meet their academic and scheduling needs, but the student should be flexible and take these experiences as they become available.*

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## **ADMISSION REQUIREMENT CHECKLIST:**

### **General Requirements for All Programs:**

- Complete and sign the Grace School of Nursing Application and Enrollment Agreement packet.
- Provide a valid Driver's License or government issued photo ID.
- Provide proof of High School graduation (Diploma), or successful completion of the General Education Development test (GED), or verification of graduation from an associate degree or higher program from an accredited college or university. Acceptance of any of the documents listed above is at the sole discretion of the school.
- Schedule payment of tuition and fees.

### **Additional Requirements (Program Specific):**

#### **PN, NS, PCT, Phlebotomy**

- Pass a criminal background check (within the past 12 months from the applicant's start date).<sup>1</sup>
- Pass and have a current (within the past six months from the applicant's start date) 10 panel drug screen.<sup>1</sup>



**METHOD OF PAYMENT:**

- Option 1: Payment may be made by credit card or debit card.  
 Grace School of Nursing accepts VISA, MasterCard, American Express or Discover.
- Option 2: Payment may be made by check or money order. No cash is accepted.  
 There is a \$36 fee for checks returned for any reason.

All required documents must be submitted before attending class. Tuition and related fees are due in full according to your payment schedule agreed upon at the time of registration and acceptance of the Enrollment Agreement.

ANNUAL PRECENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED <i>The dollar amount of the credit provided to you or on your behalf.</i>	TOTAL OF PAYMENT <i>The amount you will have paid after you have made all payments as sceduled.</i>	TOTAL SALE PRICE <i>The total cost of your purchase on credit including your down payment.</i>
<b>YOUR PAYMENT SCHEDULE WILL BE:</b>				
NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT*	<b>WHEN PAYMENTS ARE DUE:</b>		
		Beginning on ____ / ____ / ____ and on the same day each (check one) _____ month or _____ bi-weekly thereafter.		

\*Note: Student gap payment listed above “Amount of Each Payment” requires enrollment in automatic debit/credit/checking payment authorization [through *Grace School of Nursing* or a co-signer for Tuition Options] or [payment in full by credit card, debit card, check, or money order].



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## **REFUND POLICIES**

### **Student Withdrawals and Refund Policy**

**Official Withdrawal:** A student who wishes to withdraw must submit a written notice to the Campus Director prior to their withdrawal date. The date of determination for refund calculations will be the last date of class attendance.

**Unofficial Withdrawal:** A student who violates the attendance policy will be withdrawn on the day following the violation. This date will be used as the date of determination for refund calculations.

#### 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, by Certified Mail or by termination.
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 application fee (not to exceed \$50.00).
4. Cancellation after attendance has begun, through 40% completion of the program, will result in a pro rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing more than 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 the date of termination that the student has withdrawn or receipt of a Cancellation Notice from the student.

#### **Availability/Cancellation**

While the school makes every effort to provide sufficient course sections for students, the school reserves the right to reschedule any start date for a class in which there is insufficient enrollment. If the start date cannot be rescheduled and is therefore cancelled, all monies will be refunded within 30 days of the scheduled start date.



*Students must read and initial each of the following sections (I-V).*

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**I. GROUNDS FOR DISMISSAL**

I understand and agree that at the discretion of Grace School of Nursing, I can be dismissed for unsatisfactory academic progress, non-payment of tuition and fees, or failure to comply with the school's policies, rules and regulations as stated in Grace School of Nursing's Catalog.

Initial \_\_\_\_\_

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**II. GROUNDS FOR CANCELLATION, TERMINATION, OR WITHDRAWAL**

I agree to comply with Grace School of Nursing's policies and rules and understand that the school shall have the right to terminate this Enrollment Agreement and my enrollment at any time for violation of policies and rules as outlined in Grace School of Nursing's Catalog. I understand that GSN reserves the right to modify the policies and rules as outlined in the School's Catalog with or without notification.

Initial \_\_\_\_\_

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**III. GRADUATION REQUIREMENTS**

I understand that in order to graduate from the program and to receive a diploma or degree, I must successfully complete all courses in the program of study with the minimum required cumulative grade point average or higher, satisfy all programmatic requirements, and satisfy all financial obligations to the school.

Initial \_\_\_\_\_

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**IV. EMPLOYMENT ASSISTANCE**

I understand that the school has not made and will not make any guarantees of employment or salary upon my graduation. The school will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities. I authorize Grace School of Nursing's representatives to contact potential employers for the purpose of advocating on my behalf and release my name and job application materials, including, but not limited to, my cover letter, resume, and transcript to prospective employers. I authorize Grace School of Nursing and its third-party vendors to contact my employer to verify pertinent employment information for my graduate record.

Initial \_\_\_\_\_

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**V. ACKNOWLEDGEMENT**

This Enrollment Agreement contains the entire agreement between Grace School of Nursing and the Student. The student understands that there is financial aid available to those who qualify, is responsible for payments due prior to class starting per policy and any installment contract scheduled payments until paid in full. The student also acknowledges that they have received a receipt of payment as well as been given a copy of this completed Enrollment Agreement as executed for the student's records. The Student further acknowledges that a copy of the School's catalog has been provided and reviewed prior to signing this Enrollment Agreement located [www.gracenursingschool.com](http://www.gracenursingschool.com)

Initial \_\_\_\_\_



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**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENROLLMENT AGREEMENT. I UNDERSTAND THAT THIS IS A LEGAL AND BINDING AGREEMENT BETWEEN GRACE SCHOOL OF NURSING AND MYSELF. ADDITIONALLY, I HAVE RECEIVED A COPY OF THIS ENROLLMENT AGREEMENT AND HAVE READ THE CURRENT CATALOG.**

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Signature of Applicant Date

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Parent or Guardian Signature (if under the age of 18) Date

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Signature of School Official Date