

# *SINCLAIR'S CAREER COSMETOLOGY SCHOOL*

## **Enrollment Agreement**

2200 N FM 157, SUITE 222, MANSFIELD, TX 76063 PHONE: 682-400-8050 FAX: 682- 400-8505

**EMAIL ADDRESS:** Sinclairscareer@gmail.com

**WEBSITE:** [www.sinclairscareer cosmetologyschool.com](http://www.sinclairscareer cosmetologyschool.com)

**STUDENT NAME:** \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**TELEPHONE: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**STUDENT EMAIL ADDRESS:** \_\_\_\_\_

### **PROGRAM HOURS & COST:**

<b>PROGRAM</b>	<b>HOURS</b>	<b>TUITION</b>	<b>INITIAL SELECTED COURSE</b>
COSMETOLOGY/BARBER	1000 (approx. 8.5 months)	\$18,000.00	_____
EYELASH EXTENSION	320 (approx. 8 weeks)	\$6,000.00	_____
ESTHETICIAN	750 (approx. 19 weeks)	\$9,000.00	_____
MANICURE	600 (approx. 15 weeks)	\$7,000.00	_____
MANICURE ESTHETICIAN	800 (approx 16.5 weeks}	\$14,000.00	_____

**Program Start Date:** \_\_\_\_\_ **Program End Date:** \_\_\_\_\_

**Over Contract Fee:** Cosmetology \$15.50/hour, Esthetics \$15.50/hour, Eyelash Extension \$12.00/hour, Manicure \$15.50/hour, Manicure Esthetician \$15.50/hour.

### **Initial Non-Refundable Fees:**

- *Application Fee: \$100.00* \_\_\_\_\_ (INITIALS REQUIRED)
- *Registration Fee: \$250.00* \_\_\_\_\_ (INITIALS REQUIRED)
- *Student Permit Fee: \$25.00* \_\_\_\_\_ (INITIALS REQUIRED)
- *Student Roller Case (Optional) Fee: \$125 (Y) \_\_\_\_\_ (N) \_\_\_\_\_* (INITIALS REQUIRED)

### **Additional Non-refundable fees once you have started classes:**

- *Student Kits*
- *Online Milady CIMA E-book (electronic book)*

**\*\*\*Students are responsible throughout the course for miscellaneous class supplies such as: Rulers, Binders, Pens, Pencils, Notebooks/Journals and any additional personal supplies that you would like to use for your course studies.**

### **Tuition Payments:**

1. A down payment is due once signing of the enrollment agreement is completed (please see payment amounts for each course below).
  - Cosmetology \$2000 \_\_\_\_\_ (INITIALS REQUIRED)
  - Esthetician \$2000 \_\_\_\_\_ (INITIALS REQUIRED)
  - Manicure \$2000 \_\_\_\_\_ (INITIALS REQUIRED)
  - Eyelash Extension \$2000 \_\_\_\_\_ (INITIALS REQUIRED)
  - Manicure Esthetician \$3000 \_\_\_\_\_ (INITIALS REQUIRED)
2. Balance of tuition options, if offered:
  - a. Payment Option #1  
\$ \_\_\_\_\_ bi-weekly payment is due on the 1<sup>st</sup> & 15<sup>th</sup> of each month. \_\_\_\_\_ (INITIALS REQUIRED)
  - b. Payment Option #2  
\$ \_\_\_\_\_ monthly payment due by the 1<sup>st</sup> of each month. \_\_\_\_\_ (INITIALS REQUIRED)

### **Payment Methods:**

- a. Cashier Check Payments to: Sinclair's Career Cosmetology School
- b. Credit/Debit Cards (Visa, Mastercard, Discover, American Express)
- c. Bank Transfer (Zelle) to: (469) 434-5386 (Sinclair's Career Cosmetology School)
- d. Cash Payments (onsite only)

**Late Payment Fee: \$50 (per day)** \_\_\_\_\_ (INITIALS REQUIRED) *Late payment fee assessed one (1) day after due date.*

**Cancellation and Refund Policy:**

An enrolled student is entitled to a refund of monies paid, according to State Regulation Code Sec. 1603.3601. and 1603.3602. Refund Policy listed in the current Texas Cosmetology Laws and Rules Book. See Chart 2 (b.) below.

**Three-Day Cancellation:** An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday, and federal and state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid within 30 days of receiving the notice of cancellation, the school shall provide a 100% refund.

**Other Cancellations:** An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid.

**Refund after the Commencement of Classes:**

1. Procedure for Withdrawal/withdrawal date:
  - a. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Director of the school. The notice is to indicate the expected last date of attendance. The notice must be signed and dated by the student.
  - b. For a student who is on authorized Leave of Absence (LOA), the withdrawal date is the date the student was scheduled to return from their (LOA) and failed to do so.
  - c. A student will be determined to be withdrawn from the school, if the student has not attended any classes for 30 days. (consecutive or unexcused absences)
  - d. All refunds will be issued within 45 days of withdrawal date.
2. Tuition charges/refunds:
  - a. Before the beginning of classes, the student is entitled to a refund of 100% of the tuition.
  - b. After the commencement of classes, the tuition refund amount shall be as follows:

<b>% of the clock hours attempted:</b>	<b>Tuition refund amount:</b>
10% or less	90%
More than 10% and less than or equal to 20%	80%
More than 20% and less than or equal to 30%	70%
More than 30% and less than or equal to 40%	60%
More than 40% and less than or equal to 50%	50%
More than 50%	No refund is required

The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student's start date to the student's last day of attendance, by the total number of clock hours in the Program.

Termination by Institution:

Student withdrawn due to failure to adhere to criteria specified in the school catalog, or in the case of a student not returning from an authorized Leave of Absence (LOA) **on the scheduled return date**. An administrative termination fee will be assessed and due within **10 consecutive days** of written notification of termination.

**Administrative Termination Fee: \$150.00** \_\_\_\_\_ (INITIALS REQUIRED)

*\* Due within 15 days of determined termination*

**The Student Understands:**

- Full-time 37.5- 40 hours per week. Wednesday-Saturday 7:30 am-3:30pm (CST).
- All programs documentation, and course programs, are taught, and written in English.  
The student must pass the TDLR final written and practical examinations to obtain a professional license in the completed course/program.
- The school is not required to accept transfer-credit hours from previous educational/training institutions.
- The school does not guarantee job placement to graduates upon program/course completion.
- The school offers job placement assistance with salon field trips, presentations and job opportunity exposure.
- The school reserves the right to reschedule the Program Start Date when the number of students scheduled is too small.
- The school is not responsible for any statement of policy or procedure that does not appear in the SCCS School Handbook Catalog.
- The school reserves the right to discontinue the student's training for unsatisfactory progress, nonpayment of tuition, or failure to abide by school rules.

\_\_\_\_\_ (INITIALS REQUIRED)

**Student Acknowledgments:**

1. I acknowledge receipt of the SCCS (**selected program**) syllabus on \_\_\_\_\_, and a copy of the SCCS handbook catalog.  
Date  
\_\_\_\_\_ (INITIALS REQUIRED)
2. I have carefully read and received an exact copy of the signed enrollment agreement.  
\_\_\_\_\_ (INITIALS REQUIRED)
3. I understand that the SCCS may terminate my enrollment; if I fail to comply with attendance, academic and financial requirements; or if I disrupt the normal activities of the school.  
\_\_\_\_\_ (INITIALS REQUIRED)
4. While enrolled in SCCS, I understand that I must maintain Satisfactory Academic Progress as described in the school catalog and that my financial obligation to SCCS must be paid in full before a certificate of completion of the courses required TDLR hours may be awarded.

5.

\_\_\_\_\_ (INITIALS REQUIRED)

6. I understand that SCCS does not guarantee job placement to graduates upon program completion. However, SCCS's current job placement ratio is 94%. We attribute these numbers to our intentional job placement assistance efforts.

\_\_\_\_\_ (INITIALS REQUIRED)

**Contract Acceptance:**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal and 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 Sinclair's Career Cosmetology School (SCCS).

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Student Signature

Date

Signature of School Official

Date

Representative's certification: I hereby certify that \_\_\_\_\_  
has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Interviewed By: \_\_\_\_\_

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

***Revised 5/07/25***