



School Code						Acct. #					

SCHOOL NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL/WEB \_\_\_\_\_

### Student Enrollment Agreement (A.I.)

I, the student or the parent on behalf of the student, understand that under the terms of this agreement, the school obligates itself to furnish me with competent instruction and suitable facilities for teaching lessons. All class lessons are supervised by qualified personnel trained in the procedures and traditions of the Martial Arts. The student hereby represents that he or she is physically fit to receive and participate in the proscribed course of instruction. The student agrees to faithfully comply with all the rules and regulations of the school and the traditions of the Martial Arts. The regular hourly tuition is \$50.00 per hour; however, a substantial discount has been provided me by virtue of enrolling in a regular course.

I, the student, understand that if my tuition is arranged to be made in monthly installments the Educational Funding Company has a fiduciary responsibility to collect all payments in a timely manner. Any modifications, changes, amendments or cancellations of the student enrollment must be in writing. No oral amendments or modifications are to be made to the student enrollment agreement. I further understand that failure to complete the training does not relieve me of my obligation to pay the tuition in full. All inquiries are to be directed to the Educational Funding Company. The budgeted tuition payment plan is not affected by my training schedule and/or attendance.

**Now Student:** I, the student, agree to receive and participate in, and the school agrees to teach, a course of Martial Arts instruction, the program goal being \_\_\_\_\_ of Martial Arts consisting of a minimum of \_\_\_\_\_ lessons to be taught during a period commencing 1/1/11, and ending on 12/31/11.

**Intermediate or Advanced Student:** Upon completion of this one year agreement, the agreement shall self-renew for another 12 month period under the same terms and the total annual tuition price shall be increased by 5% of the previous years price. This contract shall continue to self-renew until the Martial Arts student achieves the rank of: \_\_\_\_\_ in the Martial Arts. Each 12 month period shall be considered a new contract with the option to cancel with 30 days notice at the end of each one year period. This agreement is subject to all local consumer laws.

**Injury Waiver:** Student, the parent, or the legal guardian on behalf of the student, acknowledges and is fully cognizant of all the inherent dangers in connection with the execution of Martial Arts and acknowledges that the execution of Martial Arts requires physical exertion and contact, and realizes that there is a risk of physical injury which may be incurred while engaged in this activity. Student, parent, or legal guardian on behalf of the student, hereby waives any and all claims for any physical injury in connection with the training at the school and expressly assumes the risk of all dangers or injury inherent to the Martial Arts.

I, the student, acknowledge receiving a copy of this agreement

As required by General Obligations Law, you have certain rights to cancel this agreement. These are set forth in full on the reverse side of this agreement and are made a part of this agreement. You may cancel this agreement without any penalty or further obligation within three (3) days from the date of this agreement. Notice of cancellation shall be in writing and mailed to the school by registered or certified mail.

A late charge of seven dollars and fifty cents (\$7.50) will be assessed for any payments seven (7) days past due.

I, the student, understand my rights as stated above and the cancellation policy as stated the reverse of this form.

School Representative (signature above) _____	Date _____	Student/Guardian (signature above) _____	Date _____
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SCHOOL INFORMATION	PRINT SCHOOL CODE	PRINT SCHOOL NAME	SCHOOL'S OWN ACCOUNT NUMBER
	TYPE OF AGREEMENT: <input checked="" type="checkbox"/> <b>EXTENSION (NEW AGREEMENT)</b> <input type="checkbox"/> EFT AUTO PAY <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> COUPON		
CONTRACT DATE	NOTE: A valid check must accompany the EFT account agreement to process AUTO PAY.		
STUDENT NAME	Last Name _____	First Name _____	
PAYOR'S NAME	Last Name _____	First Name _____	
ADDRESS	Street Address _____ Apt. No. _____		
CITY & COUNTRY	City _____	State _____	Zip Code _____
DOB & PHONE #	Date of Birth _____	Home Phone _____	Work Phone _____
PAYOR'S S.S.# & STUDENT'S E-MAIL	Payor's Social Security Number _____ Student's E-mail _____		
TUITION	Cash Price \$ _____	Service Charge \$ _____	
	Down Payment \$ _____	Service Charge & Unpaid Balance \$ _____	
	Unpaid Balance \$ _____	TOTAL TUITION \$ _____	

**PROMISSORY NOTE** THE UNDERSIGNED PROMISES TO PAY the amount budgeted in 11 equal monthly installments of \$ 149 the first monthly installment being due \_\_\_\_\_ and all subsequent installments to be paid \_\_\_\_\_ consecutive month to be paid DIRECTLY to Educational Funding Company (EFC) until paid in full. \_\_\_\_\_ initial here

<input type="checkbox"/> <b>AUTO PAY Electronic Funds Transfer</b> Should agreement not arrive at EFC in time for bank pre-notification, I authorize EFC to advance my due date to the next available date. BANK NAME _____ ROUTING # _____ CHECKING ACCT. # _____ PLEASE NOTE: Payments presented through Automatic Clearing House (ACH), against accounts with insufficient funds will be re-submitted in 15 days. In addition, the student will be assessed a \$7.50 returned item fee. Student/Parent Initial Here _____ Date _____ Debit Date <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 20th	<input type="checkbox"/> <b>CREDIT CARD</b> <input type="checkbox"/> DISC <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <small>Not available for use on credit cards</small> Account Number _____ Expiration Date _____ Name as it appears on card _____ The amount to be debited from my account is _____ on the _____ day of each month, commencing on the _____ day of _____ (month/year). This authority is to remain in full force and effect until the expiration date of my student enrollment agreement is concluded or the tuition is paid in full. Credit Card systems are subject to \$7.50 returned item fee. Authorized, Agreed and Accepted: Student/Parent Initial Here _____ Date _____ Debit Date <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 20th
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**RENEWAL AGREEMENT INFORMATION** Other - EFC will send me a coupon book indicating a due date on the (check one) 1st  5th  10th  or 15th of each month for the duration of this agreement; the first payment to commence \_\_\_\_\_

This contract replaces account number \_\_\_\_\_ currently with EFC. The last monthly payment due to be collected by EFC on the existing agreement is \_\_\_\_\_

**RENEWAL** This renewal DOES NOT affect the existing agreement with EFC. The first installment of this renewal agreement is due \_\_\_\_\_ month after the existing agreement has expired.

**SPECIAL ADDENDUM:** \_\_\_\_\_

No Automatic Renewal

\$149 per month

No Agreement to Renew