**STUDENT ENROLLMENT CONTRACT**

**LE JEANE ACADEME, Ltd.**

**819 McKay Court, Boardman, Ohio 44512**

**Phone: 330/729-9277**

**www.lejeaneacademe.com**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRIVER’S LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**COURSE OF STUDY: \_\_\_1500 Hr. Cosmetology \_\_\_ 1800 Hr. Managing Cosmetology**

**\_\_\_ 750 Hr. Advance Esthetics \_\_\_ 300 Hr. Advance Manicuring**

**TOTAL HOURS OF INSTRUCTION: \_\_\_ Full Time/32.5 Hrs.Week \_\_\_ Part Time/29 Hrs. Week**

**REGISTRATION FEE: $ 200.00**

**APPLICATION FEE: $ 150.00**

**BOOKS/KIT/SUPPLIES: $\_\_\_\_\_\_\_\_\_**

**TUITION: $\_\_\_\_\_\_\_\_\_**

**TOTAL COST: $\_\_\_\_\_\_\_\_\_**

***In addition, students are required to pay appropriate fees as noted in the Student Handbook as well as Ohio State Cosmetology Board examination and licensure fees at the completion of training.***

**Le Jeane Academe Ltd. accepts cash (U.S. Currency), checks (personal bank, certified checks or money orders), Visa, Mastercard, American Express and Discover. The Student (or his/her Guardian) agrees to pay Le Jeane Academe, Ltd., $150.00 upon completing Application for Enrollment. The Student (or his/her Guardian) also agrees to pay to Le Jeane Academe, Ltd., the $200.00 Registration Fee and the sum of $\_\_\_\_\_\_\_\_\_\_ (down-payment on total amount of course), upon enrolling in the course. A subsequent payment of $\_\_\_\_\_\_\_\_\_ is due 7 days prior to the first day of class. If a Student desires a payment plan, options are outlined in “Method of Payment” included in this contract and can be put in place. If a Student chooses a payment plan the following subsequent payments are due: $\_\_\_\_\_\_\_\_ each month for \_\_\_\_\_ months, on the 15th day of each month and one final payment of $ \_\_\_\_\_\_\_\_\_\_\_\_.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having been enrolled and accepted as a student at Le Jeane Academe, Ltd, hereby agree to make regular payments as scheduled above, payable at the office of the school, on or before the due date of the 15th of the month.

Attendance may be held in abeyance at the option of Le Jeane Academe, Ltd. until such balance is fully paid.

The Student acknowledges that he/she understands that Le Jeane Academe, Ltd. has the full authority to withhold release of hours/grades/completion of course until any outstanding balance is paid in full. Student also realizes and understands that reasonable attorney’s fees and costs could be awarded in any action taken on this contract or any part of it.

*I FURTHER AGREE TO COMPLY WITH THE FOLLOWING STIPULATIONS:*

Student and Le Jeane Academe, Ltd. agree that Le Jeane Academe has herein set out a complete description of services Le Jeane Academe is to furnish to the Student, for which the Student is to pay. Such description to classes, hours, cost, conduct and schedules may be found in the General Catalog and Student Handbook which is furnished to each Student upon enrollment.

Student agrees to attend classes regularly as scheduled and outlined in the General Catalog and Student Handbook.

Student agrees that from time to time, adjustments or additions to the General Catalog and Student Handbook may be forthcoming and that the Student will be made aware of these updates.

Students may be terminated or suspended for violations of any school policies outlined in the General Catalog and Student Handbook.

Students will receive a certificate from Le Jeane Academe after they have completed the minimum requirements for completion of their course of study , received an average grade of 80% and paid his/her financial obligations to Le Jeane Academe Ltd.

Any Student who is under the age of 18 will require a Guarantor who will be liable to Le Jeane Academe, Ltd. for the fees agreed to in this contract, if the Student should default in any payments thereof.

Student agrees to comply with the rules and policies as outlined in the General Catalog and Student Handbook and agrees that Le Jeane Academe has the right to terminate this contract and the Student’s enrollment at any time for violation of the rules and policies. The Student understands that Le Jeane Academe, Ltd. has the right to modify the rules and regulations and that the Student will be advised of any changes and modifications.

This course of study is intended to qualify students for the Ohio State Cosmetology Board licensing examination. All fees associated with this contract are for those purposes.

No change or representation in the contract will be recognized unless made in writing.

No responsibility is assumed by Le Jeane Academe, Ltd. for any negligence, carelessness, or lack of skill by one or more students while practicing any part of the school course upon one another.

I further agree that in the case of an emergency involving the student, the school personnel will call an ambulance for which the student or guardian will be responsible for any and all expenses incurred.

**CLASSES START**

**OCT. 30, 2018**

**JANUARY 30, 2019**

**APRIL 30, 2019**

**JULY 30, 2019**

**OCTOBER 30, 2019**

**Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that I am the Guarantor and liable for amounts set forth herein if the Student does not pay.**

**Guarantor’s Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**