ENROLLMENT AGREEMENT

School name and address: MAOF SKILL CENTER - BAKERSFIELD
2130 Chester Avenue
Bakersfield, CA 93301
(661) 336-6826
maof.org

Student Name

Address	City	State	Zip Code

ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL WHICH HAVE NOT BEEN SATISFACTORIZLY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION, P.O. BOX 980818, WEST SACRAMENTO, CA 95798-0818, 1-888-390-7589 www.bppe.ca.gov

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Student Tuition Recovery Fund Disclosures.

A qualifying institution shall include the following statement on both its enrollment agreement and its current schedule of student charges:

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and

2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident.

2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.”

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS

EARNED AT OUR INSTITUTION
The transferability of credits you earn at MAOF SKILL CENTER - BAKERSFIELD is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn at MAOF SKILL CENTER - BAKERSFIELD is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution are not accepted at the institution to which
you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending MAOF SKILL CENTER - BAKERSFIELD to determine if your certificate will transfer.

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, and salaries or wages, prior to signing this agreement.

______ (initials) I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at P.O. Box 980818, West Sacramento, CA 95798-0818, or at www.bppe.ca.gov. The toll free number is 1.888.390.7589. The fax number is 1.916.574.8648.

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling toll free at 1888.370.7589 or by completing a complaint form, which can be obtained on the bureau's Internet Website at www.bppe.ca.gov.

This agreement is for the course: ☐ Bookkeeping ☐ Clerical

Start Date: __________ Schedule Completion Date: __________ (720 Clock Hours) Total Cost: 0

STUDENTS RIGHT TO CANCEL
The student has a right to cancel this enrollment agreement within 7 days after enrollment. Since no tuition or fees are charged to the student, no refund of any type will be provided to the student.

You may cancel this enrollment agreement by providing a written notice to Magda Menendez, Administrator, MAOF SKILL CENTER – BAKERSFIELD, 2130 Chester Avenue Suite 200, Bakersfield, CA 93301.

REFUND INFORMATION
Students attending this school are not liable for the cost of tuition, equipment or supplies, fees, or for any other educational service.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTOOD, AND AGREED TO MY RIGHTS AND RESPONSIBILITIES, AND THAT THE INSTITUTION'S CANCELLATION AND REFUND POLICIES HAVE BEEN CLEARLY EXPLAINED TO ME. I FURTHER CERTIFY THAT I HAVE BEEN PROVIDED WITH A COPY OF THIS AGREEMENT, SCHOOL CATALOG, STATISTICAL INFORMATION ON ENROLLMENT AND COMPLETIONS, AND I HAVE RECEIVED A TOUR OF THE FACILITY.

I understand there is no charge to me for any portion of my training. This includes all instructional materials.