WORKSHOP ENROLLMENT FORM

School's Name
Marinello Schools of Beauty

WORKSHOP LOCATION:

Student Name	Social Security No.	Telephone No.

Student Street Address	City	State	Zip Code

☐ **Beginner-Intermediate**_____ **Phase # 1** ☐ **Intermediate – Advanced** _____ **Phase # 2** ☐ **Advanced – Special FX**_____ **Phase # 3**

Enrollment:						
☐DAY ☐EVE.	Start Date		Expected End Date		Number Of Weeks	

Class Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(From To)	to	to	to	to	to	to	to

FEES

TOTAL TUITION – KIT AND SUPPLIES	$
TOTAL **	$
LESS DEPOSIT/ LESS DISCOUNTS	$
BALANCE DUE	$

Refund Policy—Please Read Carefully
The Minimum Deposit of $_____ is non-refundable and non-transferable unless the class is cancelled or rescheduled. If you must cancel your enrollment in the course, **written notice** must be provided to the school a minimum of 48 hours prior to the start of the first class session to receive a refund. The refund, less the Minimum Deposit, will be reimbursed within thirty (30) days of cancellation.
By signing here, you agree to the terms stated in this Refund Policy.

_____ Signature _____ Date

● **All charges are due and payable prior to the start of the course.**	**(Student's initials)**_____
● **A Certificate of Completion will be provided upon successful completion of the course.**	**(Student's initials)**_____
● **This school does not guarantee employment upon completion of this course.**	**(Student's initials)**_____
● ANY DISPUTE BETWEEN THE UNDERSIGNED STUDENT AND THE MARINELLO SCHOOLS OF BEAUTY, NO MATTER HOW PLEADED OR STYLED, SHALL BE RESOLVED BY BINDING ARBITRATION UNDER THE FEDERAL ARBITRATION ACT CONDUCTED BY THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), AT LOS ANGELES, CA, UNDER ITS COMMERCIAL RULES. THE AWARD RENDERED BY THE ARBITRATOR MAY BE ENTERED IN ANY COURT HAVING JURISDICTION.	**(Student's initials)**_____
● **My signature below certifies that I have read, understand and agreed to my rights and responsibilities with regard to this agreement and that the institutions cancellation and refund policy has been clearly explained to me.**	**(Student's initials)**_____

- **I understand that as a student I will receive my kit and books on the lst day of class. My initials verify that I have received my kit- textbooks and supplies** *_____

_____ **Student's Signature** _____ **Date**

_____ **School Official Signature (Director/ Registrar)** _____ **School Official Name** _____ **Date**