

CHEAP CHARLIES TEST PREP ACADEMY

STUDENT ENROLLMENT FORM

Program Name: **The Information Technology Technical Support Training Program**
 Location where instruction will be provided: **1460 Washington Blvd., Ste. 205, Concord, CA 94521**

Enrollment Period: Fall A Session Fall B Session Winter A Session Winter B Session Spring Session Summer Session

Program Start Date: _____ Scheduled Completion Date: _____ Last Date to Cancel: _____
 Note: Cancellations made through attendance at the first class session, or by the seventh day after enrollment will entitle students to a full refund.

Please PRINT clearly in unshaded areas

STUDENT INFORMATION

LEGAL LAST NAME SUFFIX (JR II etc.)	FIRST NAME	MIDDLE NAME	COMMON NICKNAME
DATE OF BIRTH (MM/DD/YEAR)	GENDER (M/F)	BIRTH STATE (OR COUNTRY IF NOT UNITED STATES)	
ETHNICITY (SELECT ONE)	RACE (CHECK ALL THAT APPLY)		
<input type="checkbox"/> No, not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Yes, Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native	
PRIMARY LANGUAGE SPOKEN :	OTHER LANGUAGE SPOKEN AT HOME:		
SCHOOL LAST ATTENDED _____ IS STUDENT CURRENTLY UNDER LONG-TERM SUSPENSION OR EXPULSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAS STUDENT ATTENDED A SHAWNEE MISSION SCHOOL PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE INDICATE IF STUDENT HAS AN I.E.P. <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE INDICATE IF STUDENT HAS A 504. <input type="checkbox"/> YES <input type="checkbox"/> NO			

FAMILY INFORMATION

COURT ORDER REGARDING CUSTODY? YES NO (Non-custodial parent may have access to student information unless prohibited by court order. The school must have a copy of the legal documents if access is prohibited.)

DO YOU WISH TO RESTRICT STUDENT/FAMILY INFORMATION? YES NO (If you choose to restrict your student/family information, your student's name will not appear in the student directory and his/her name will not be provided to outside agencies including the U.S. military or colleges/universities.)

DOES STUDENT HAVE A PARENT ON ACTIVE DUTY IN THE U.S. MILITARY? YES NO

PRIMARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP
GUARDIAN 1 LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER	
() _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	() _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	() _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		EMPLOYER:	
GUARDIAN 2 LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER	
() _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	() _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	() _____ - _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
EMAIL ADDRESS :		EMPLOYER:	

SECONDARY RESIDENCE CONTACT INFORMATION

HOME ADDRESS	CITY	STATE	ZIP
GUARDIAN 1 LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	ADDITIONAL PHONE NUMBER	

() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
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SECONDARY RESIDENCE CONTACT INFORMATION, continued

GUARDIAN 2	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
EMAIL ADDRESS :			EMPLOYER:	

ADDITIONAL RESIDENCY INFORMATION

This section addresses the McKinney-Vento Act. Where is the student currently living? (check only one)

<input type="checkbox"/> In a shelter _____ (name shelter) <input type="checkbox"/> In a motel, car, or campsite	<input type="checkbox"/> Alone without parental support (independent living student) <input type="checkbox"/> Temporarily with more than one family (due to loss of job, housing etc.)	<input type="checkbox"/> Temporarily with more than one family in a house, mobile home, or apartment because the family doesn't have a place of their own. <input type="checkbox"/> None of these apply
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ALL CHILDREN RESIDING AT RESIDENCE

	LAST NAME	FIRST NAME	BIRTHDATE	SCHOOL
1.	_____	_____	___/___/___	_____
2.	_____	_____	___/___/___	_____
3.	_____	_____	___/___/___	_____
4.	_____	_____	___/___/___	_____

MIGRANT ELIGIBILITY

1. Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have your children moved with or to join the worker above in the past 36 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION (In case of emergency or illness when parent cannot be reached)

#1 LAST NAME	FIRST NAME	TITLE	RELATIONSHIP TO STUDENT	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
#2 LAST NAME	FIRST NAME	TITLE	RELATIONSHIP TO STUDENT	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER
#3 LAST NAME	FIRST NAME	TITLE	RELATIONSHIP TO STUDENT	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		ADDITIONAL PHONE NUMBER
() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER		() - <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER

I understand that knowingly providing false information on this form may result in criminal prosecution under Kansas Statute § 21-5824, which prohibits the making of false information with the intent to defraud or induce official action – a FELONY.

I will notify the school office immediately or within three (3) business days, if at any time this student moves from the primary residence listed above or changes address.

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.

SIGNATURE (Student) _____ Date _____

Date of Birth _____

SIGNATURE _____ DATE _____
 (Cheap Charlies Representative)

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE; ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM; and THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT.

Program Title	Hours	Tuition	Admin. Fees	One-on-one Tutoring	Books & Supplies	Student Tuition Recovery Fund (STRF)	Total
IT Tech Support	320 hrs. in class 160 hrs. homework	\$3,500	\$0	\$20/hr. (as needed and non-refundable)	\$120	\$10.00 (non-refundable)	\$3,630

Addendum

Cheap Charlies Test Prep Academy

1. All perspective students must have at least a 9th grade understanding of English. Students will enroll in- person with an admissions representative. Currently all instructions are given in English and the admissions representative will conduct the enrollment process in English. All forms to be filled out will be in English. Copies will be provided to the student upon completion of the application. Additional copies of the enrollment form can be requested by the student while they are currently enrolled at any time and they will be mailed or e-mailed to the student depending upon their preference.
2. Perspective students for whom English is not the primary language will be given access to a translator. Should a translator for the perspective student's language not be available at CCTPA, then translation services will be accessed through community-based partner agencies (i.e., the Spanish Speaking Citizens' Foundation, Lao Family Community Development, the Oakland Private Industry Council, et. al.) Spanish language versions of the CCTPA Enrollment Agreement, Catalog, and disclosure will be printed and made available upon demand to perspective students.
3. This program is 480 hours (2 hours per day, 5 days per week over 16 weeks in class, and 160 total hours of homework assignments) There will be the opportunity to make-up work on Wednesday evening (6:00 pm to 8pm) and Saturday morning (8:30 am to 2:00 pm).
4. Fees: TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE; ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM; and THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT.

Program Title	Hours	Tuition	Admin. Fees	One-on-one Tutoring	Books & Supplies	Student Tuition Recovery Fund (STRF)	Total
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STUDENT'S RIGHT TO CANCEL - The institution shall refund 100 percent of the amount paid for institutional charges, minus non-refundable charges, if notice of cancellation is made through attendance at the first class session, or the seventh day after enrollment, whichever is later. Non-refundable charges will include the Student Tuition Recovery Fund fee and fees paid for one-on-one tutoring, if any.

All requests for cancelation or withdrawal from the program must be made in writing by the students and either delivered in person or mailed to the institution location addresses to one of the officers of the organization.

If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal student financial aid program funds.

5. The Student Tuition Recovery Fund - The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

6. Refund Policy: Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule.
 1. The institution shall refund 100 percent of the amount paid for institutional charges, minus non-refundable charges, if notice of cancellation is made through attendance at the first class session, or the seventh day after enrollment, whichever is later. Non-refundable charges will include the Student Tuition Recovery Fund fee and fees paid for one-on-one tutoring, if any.
 2. The institution shall have a refund policy for the return of unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund.
 3. A pro rata refund pursuant to section 94919(c) or 94920(d) or 94927 of the Code shall be no less than the total amount owed by the student for the portion of the educational program provided subtracted from the amount paid by the student, calculated as follows:
 - (1) The amount owed equals the daily charge for the program (total institutional charge, divided by the number of days or hours in the program), multiplied by the number of days student attended, or was scheduled to attend, prior to withdrawal.

7. If the student has qualified for and received any type of federal, state, or other student loan and if the student defaults on a federal or state loan, both the following may occur:
 - a) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
 - b) The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

8. If the student obtained a loan for the educational program, the student will have

the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

9. “NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION”

The transferability of credits you earn at Cheap Charlies Test Prep Academy, LLC is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in “IT Technical Support Training Program” 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 Cheap Charlies Test Prep Academy, LLC to determine if your certificate will transfer.

10. 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, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

11. "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, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet."

Signature of Student

Date

12. Distance Learning Disclosure – Students who are not able to travel to a classroom location will be offered distance learning in “real-time”. If the instructor is not able to engage with the student in real-time, then the institution shall transmit the first lesson and any materials to any student within seven days after the institution accepts the student for admission.
13. Cancellation Policy for Distance Learning Students - The student shall have the right to cancel the enrollment agreement and receive a full refund before the first lesson and materials are received. Cancellation is effective on the date written notice of cancellation is sent. The institution shall make the refund pursuant to section 71750 of the CEC Regulations. If the institution sent the first lesson and materials before an effective cancellation notice was received, then institution shall make a refund within 45 days after the student's return of the materials.
14. For students engaged in non-real-time distance learning:
 - 1) An institution shall transmit all lessons and materials to the student if the student has fully paid for the educational program and, after having received the first lesson and initial materials, requests in writing that all of the material be sent
 - 2) If an institution transmits the balance of the material as the student requests, the institution shall remain obligated to provide the other educational services it agreed to provide but shall not be obligated to pay any refund after all of the lessons and material are transmitted.
15. Once the student signs the enrollment form and meets all the criteria for entry (financial, documentation, etc.) and it is accepted by Cheap Charlies, this document is legally binding and the student agrees to adhere to all the policies of Cheap Charlies.

16. Cheap Charlies Test Prep Academy does not provide any type of financial aid or funding to students. All fees associated with the tuition are the students responsibility to pay or seek funding for.
17. 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.

Address: 1747 N. Market Blvd Suite 225, Sacramento, CA 95834 P.O. Box 980818, West Sacraments, CA 95798-0818,

Website: www.bppe.ca.gov,

Telephone and Fax #s: (888) 370-7589 or by fax (916) 263-1897
(916) 574-8900 or by fax (916) 263-1897.

18. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov.