

Post Education Institute



ADMISSION APPLICATION FORM

5461 N. State Rd. 7, Tamarac, FL 33319

Telephone (954) 678-6664

Post Education Institute admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability.

Post has a published admission policy that is made available to all applicants and as part of the admission process. The policy gives a description of the entire admission process.

This application form must be completed and submitted to Post Admission Office along with the background check release form and transcript(s) from your last educational institution(s), if applicable. \$50.00 deposit fee must be submitted with application.

APPLICANT SECTION

Applicant Name: Last: _____ First: _____ Middle: _____

Home Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone #: _____ Social Security #: _____

Current School: _____

PARENT/GUARDIAN SECTION (IF UNDER 18 YEAR OLD)

Parent/Guardian Name: Last: _____ First: _____ Middle: _____

Home Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Home Email: _____ Work Email: _____

PROGRAM SELECTION

Please select the program you wish to enroll in:

- HS Diploma Program Christian Degrees Program CNA Certification Program
 LPN Diploma Program Substance Abuse Certification Program

SIGNATURE SECTION

The statements and information furnished by the undersigned in this application form are true and complete.

The undersigned applicant's parent(s)/guardian(s) give permission for representatives of the sending school to release the applicant's records including, grades, attendance, conduct/discipline records, as well as any other pertinent information that may be required by Post for the purpose of admission.

Our signatures certify that we have read and agree with the above statements.

Signature of Student _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

VOLUNTARY INFORMATION SECTION

The information requested in this section is not required for admission. Submission of the information is entirely voluntary. Information submitted voluntarily by the applicant will not affect the applicant's admission to the school. The information, if supplied, will be used for monitoring equal educational opportunity in the school district. In addition, note that applicants with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the entire application and admission process. Applicants who are English language learners or limited English proficient may voluntarily self-identify for the purpose of receiving interpretive services during the entire application and admission process.

Gender: Female Male

Race: American Indian or Alaskan Native Asian or Pacific Islander Black White Hispanic
 Combination of Two or More Races

Person with a disability: Yes If yes, do you need accommodations during the application for admission process? Yes
If yes, please describe the accommodations needed.

Person who is an English language learner or limited English proficient: Yes If yes, do you need language assistance during the application for admission process? Yes If yes, please describe the assistance needed.

BACKGROUND CHECK RELEASE FORM

Applicant: Please read, sign and date the following:

This is to inform you that a background investigation will be conducted as part of our admission process.

I AUTHORIZE all former employers, listed references, law enforcement agencies and courts, credit bureaus, academic institutions, or other sources of information pertaining to me to release and deliver such information upon request to Post Education Institute.

I AUTHORIZE the Post Education Admission office to conduct a criminal history search, and other background checks already enumerated above.

I understand that acceptance by Post Education Institute or is contingent upon successful completion of the pre-enrollment background check. I acknowledge that if I provide false, inaccurate, incomplete or misleading information it may result in my application being denied.

I also release Post Education Institute its from any and all claims and liability related to or arising from my pre-enrollment background check. I further release any and all parties providing information in connection with my pre-enrollment background check from any and all claims and liability related to or arising there from, and all such parties are authorized to provide any information requested by Post Education Institute in connection with the pre-enrollment background check and to rely on this release as if they were a party hereto.

I understand I may request access to the results of credit reports and/or criminal record checks conducted in connection with this background check and that I will be given an opportunity to address any findings that would negatively impact upon my being accepted.

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize the disclosure of my social security number is **voluntary**. I also realize my social security number will be used for the purpose of facilitating the background check. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the expressed purpose of processing the aforementioned background check.

Date _____

Applicant's Signature

Full Name/Include Maiden Name
(Type or Print Legibly)

Social Security Number

Date of Birth

Driver's License Number
(if applicable)

Current Address (Street, Apt. #, City, State, Zip Code)

ENROLLMENT AGREEMENT

Post Education Institute
 5461 N. State Rd. 7, Tamarac, FL 33319
 (954) 678-6664 (Office)
 ADULTEDU@POST.COM

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #'S: H: _____ C: _____ W: _____

E-MAIL: _____

SOCIAL SECURITY #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: / / PROGRAM/COURSE: _____
MO. DAY YR.

PROGRAM START DATE: _____ ANTICIPATED END DATE: _____

FULL-TIME: PART-TIME: DAY EVENING

DAYS/EVENINGS CLASS MEETS: (*circle*) M T W Th F Sat Sun

TIME OF DAY/EVENING CLASS BEGINS: _____ TIME OF DAY/EVENING CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT/CLOCK HOURS _____
(CIRCLE ONE)

TUITION

THE TOTAL COST OF THE _____ PROGRAM

TUITION:	\$ _____
NON-REFUNDABLE REGISTRATION FEE:	\$ _____
BOOKS/SUPPLIES:	\$ _____
UNIFORM:	\$ _____
MISC. EXPENSES:	\$ _____
TOTAL COST	\$ _____

CANCELLATION REFUND POLICY

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides **written** notice of cancellation within three (3) business day, excluding weekends and holidays, of executing the enrollment agreement is entitled to a refund of all monies paid, excluding the \$50.00 non-refundable registration fee.

Other Cancellations: An application requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less a maximum tuition fee of 15% of the stated cost of the course or \$100, whichever is less.

Withdrawal Procedure:

- A. A student choosing to withdraw from the school after the commencement of classes is to provide a **written** notice to the Director of the school. The notice must include the expected last date of attendance and be signed and dated by the student.
- B. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.
- C. All refund must be submitted within 45 days of the determination of the withdrawal date.

Proportion of Total Degree Program Taught by Withdrawal Date	Tuition Refund
Less than 25%	75% of program cost
25% up to but less than 50%	50% of program cost
50% up to but less than 75%	25% of program cost
75% or more	No Refund

NOTICE TO BUYER:

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read both sides before signing.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Although the school may provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
6. The school reserves the right to reschedule the program start date with the number of students scheduled is too small.
7. The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct.
8. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

STUDENT ACKNOWLEDGMENTS:

- 1. I have carefully read an exact copy of this enrollment agreement and received a copy of the refund policy.
_____ Student initials

- 2. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct of Medical Solutions Academy. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded.
_____ Student initials

- 3. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.
_____ Student initials

CONTRACT ACCEPTANCE

I, the undersigned, have read and understand this agreement. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by _____ (school name).

My signature below signifies that I have read and understand all aspects of this agreement and do recognized my legal responsibilities in regard to **this contract**.

Signed this _____ day of _____, 20 _____

Signature of Student

Date

Signature of School Official

Date

REPRESENTATIVE’S CERTIFICATION:

I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the _____ (program name) at _____ (school name), as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Signature of School Official

Date



Payment Plan Agreement Form

Print the following form and return the completed form in person or by mail to:

Post Education Institute
Student Accounts Office
5461 N. State Rd. 7
Tamarac, FL 33319
(954) 678-6664

Payment Plan Agreement

(PLEASE PRINT)

Name: _____

Student ID Number: _____

Address: _____

City/State/Zip: _____

Payment Option (Choose one)

Payment in Full \$ _____ Payment/ Installment Plan \$ _____ per (week, bi-weekly, Monthly)

My signature indicates that I have read and agree to the terms and conditions of my chosen payment plan and the payment plan agreement. Each person signing this agreement will be obligated to the terms and conditions therein. I understand that my chosen option will remain in effect during my tenure at PEI. I will contact the Student Accounts Office if changes are necessary.

Signature: _____

Date: _____