

## CITC ENROLLMENT AGREEMENT - PAGE 2 OF 3

Construction Industry Training Council of Washington 1930 116th Avenue NE, Bellevue, WA 98004  
Phone: (425) 454-2482 Fax: (425) 462-7391

SECTION 1: NEW AND RETURNING STUDENTS			
<input type="checkbox"/> New Student ( <i>New students must provide a valid Social Security Number</i> ) <input type="checkbox"/> Returning Student		Social Security Number ( <i>New Students Only</i> )	
SECTION 2: STUDENT INFORMATION			
STUDENT NAME		DATE OF BIRTH	
STREET ADDRESS		CITY	STATE    ZIP
EMAIL ADDRESS		PHONE	OK TO RECEIVE NOTIFICATIONS VIA TEXT? <input type="checkbox"/> Yes <input type="checkbox"/> No
GENDER ( <i>Check One</i> ) <input type="checkbox"/> Female <input type="checkbox"/> Male	ARE YOU A MILITARY VETERAN? ( <i>Check One</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	I WAS REFERRED BY <input type="checkbox"/> Employer <input type="checkbox"/> Other Student <input type="checkbox"/> Mailing <input type="checkbox"/> Other (Specify):	
ETHNIC BACKGROUND - Your response will not affect admission to CITC, this information is used for statistical purposes only ( <i>Check all that Apply</i> )			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> Other (Not Elsewhere Classified)
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	
SECTION 3: EMPLOYER INFORMATION			
EMPLOYER ( <i>Company Name</i> )		EMPLOYER PHONE	
EMPLOYER ADDRESS		CITY	STATE    ZIP
SECTION 4: EMERGENCY CONTACT			
IN CASE OF EMERGENCY, CONTACT:		RELATIONSHIP	PHONE
SECTION 5: PROGRAM INFORMATION			
<b>QUARTER</b> <input type="checkbox"/> Fall (Sep-Dec) <input type="checkbox"/> Winter (Jan-Mar) <input type="checkbox"/> Spring (Apr-June)	<b>PROGRAM</b> ( <i>Check box under your program for the location of your choice</i> ) <b>Carpentry</b> <input type="checkbox"/> Bellevue <input type="checkbox"/> Marysville <input type="checkbox"/> Spokane <input type="checkbox"/> Tacoma		<b>TUITION</b> Eastern Washington                    \$    1,070 Western Washington                    \$    1,425 Heavy Equipment Program/Year       \$    11,235 Laborers Prerequisites                    \$       645 Laborers Program/Year                    \$    4,275 Late fees if not paid by 1st day of class <sup>1</sup> \$       _____ <b>Tuition due for this quarter</b> \$       _____ <small><sup>1</sup>See page 34 for Late Fees, Interest, Cancellation and Refund Policies</small> Required books are listed below course descriptions in catalog. CITC does not sell books.
<b>LEVEL</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	<b>Electrical: Commercial</b> <input type="checkbox"/> Bellevue _A _B <input type="checkbox"/> Marysville _A _B <input type="checkbox"/> Pasco <input type="checkbox"/> Tacoma _A _B _C <input type="checkbox"/> Spokane _A _B <input type="checkbox"/> Vancouver	<b>Electrical: Residential</b> <input type="checkbox"/> Bellevue _A _B <input type="checkbox"/> Marysville _A _B <input type="checkbox"/> Pasco <input type="checkbox"/> Tacoma _A _B _C <input type="checkbox"/> Spokane _A _B <input type="checkbox"/> Vancouver _A _B	<b>Heavy Equipment Operators</b> <input type="checkbox"/> Bremerton (Level 1) <input type="checkbox"/> Ferndale (Level 2) <input type="checkbox"/> Pullman (Level 3)
			<b>Painting</b> <input type="checkbox"/> Bellevue <input type="checkbox"/> Vancouver
			<b>Plumbing</b> <input type="checkbox"/> Bellevue <input type="checkbox"/> Marysville <input type="checkbox"/> Spokane <input type="checkbox"/> Tacoma <input type="checkbox"/> Vancouver _A _B
			<b>Sheet Metal</b> <input type="checkbox"/> Bellingham <input type="checkbox"/> Pasco
			<b>HVAC</b> <input type="checkbox"/> Bellevue <input type="checkbox"/> Spokane <input type="checkbox"/> Vancouver
			<b>Laborers</b> <input type="checkbox"/> Marysville

**Agreement is Binding:** This agreement will be binding only when it has been fully completed, signed and dated by the student and an authorized representative of the school prior to the time instruction begins.

**Changes in the Agreement:** Any changes in this agreement shall not be binding on either the student or the school unless such changes have been approved in writing by the chief administrator or an authorized representative of the school and by the student.

**Effective Date of Acceptance:** I certify that I have read and understand the cancellation and refund policy and grievance procedure (page 4) as listed on page 34 of Course Catalog; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign.

**DEBT ACKNOWLEDGEMENT NOTICE:** Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of the contract are binding. You are entitled to an exact copy of the agreement, school catalog and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

If you have not started training, you may cancel this contract by submitting written notice of cancellation to the school at its address shown on the contract no later than midnight of the fifth day (excluding Sundays and holidays) following your signing this contract, or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

It is unfair business practice for the school to sell, discount or otherwise transfer this contract or promissory note without the signed written consent of the student or student's parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**Student Signature** \_\_\_\_\_  
**Print Name** \_\_\_\_\_

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

**Authorized School Representative** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Title** \_\_\_\_\_

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this or any other private vocational school may be made to: Washington Workforce Training & Education Coordinating Board, 128 10th Ave SW, PO Box 43105, Olympia, WA 98504-3104, Web: wtb.wa.gov, Phone: (360) 753-5662, Email: wtecb@wtb.wa.gov

**SIGN AND DATE NEXT TO HIGHLIGHTED AREAS (FRONT AND BACK) TO COMPLETE ENROLLMENT FORM**

OFFICE USE ONLY	
Quarter _____	Start Date _____
Location _____	Room _____
Instructor _____	
<input type="checkbox"/> Registered	<input type="checkbox"/> Invoiced
<input type="checkbox"/> Confirm to Student	<input type="checkbox"/> Credit
<input type="checkbox"/> Personal Paid	<input type="checkbox"/> Company Paid
App Date/Auth _____	
Pmt Date/Auth _____	
Application Received - Date Stamp	

# NOTICE

**This form must accompany all registrations**

*Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing original signatures must be attached by the school as an addendum to that individual's enrollment agreement and/or training contract and a facsimile thereof or a second signed copy must be provided to the enrollee by the school together with his/her copy of that contract/agreement.*

## REFUND & CANCELLATION POLICY

### CANCELLATION OF ENROLLMENT

If you have not started training, you may cancel your enrollment with CITC by submitting a written notice of cancellation to the address shown on the enrollment agreement no later than midnight of the fifth day (excluding Sundays and holidays) following your signing the contract, or the written notice may be personally or otherwise delivered to the school within that time. In the event of dispute over timely notice, the burden to prove service rests on the sender.

CITC's refund policy offers the maximum refund amount allowed by law. The refund amount will be based on the last date of recorded attendance. Some fees, such as NSF fees and/or interest charges are non-refundable.

### OFFICIAL DATE OF TERMINATION

- The student's official date of termination shall be the last date of recorded attendance when withdrawal occurs in any of the following manners:
- When CITC receives notice of the student's cancellation of enrollment, or his/her intent to withdrawal from class.
- When the student is terminated for a violation of a published school policy which provides for termination.
- When the student, without notice to CITC, fails to attend classes for 30 calendar days.
- When a student attending a class that meets in one week blocks or one month blocks misses one full week.

### REFUND BEFORE ENTERING CLASS

- 1). You will receive a full refund of all monies paid if your enrollment is not accepted by CITC.
- 2). You will receive a full refund of all monies paid if you cancel your enrollment with CITC by submitting a written notice of cancellation no later than midnight of the fifth day (excluding Sundays and holidays) following your signing the contract. The written notice may be personally or otherwise delivered to the school within that time.
- 3). After five business days (excluding Sundays and holidays), the school may retain an established registration fee equal to: 10 percent of the total tuition cost, or \$100, whichever is less. Registration fee refers to any fee, however named, covering those expenses incurred by an institution in processing student applications and establishing a student records system.

### REFUND AFTER ENTERING CLASS

- 1). If a student terminates during the first week or up to 10 percent of contracted instruction, whichever is less, the school may retain 10 percent of the tuition cost plus registration fee (equal to 10 percent of the total tuition cost, or \$100, whichever is less).
- 2). If a student terminates after the first week or 10 percent of instruction, whichever is less, but prior to completion of 25 percent of contracted time, the school may retain 25 percent of tuition costs plus registration fee (equal to 10 percent of the total tuition cost, or \$100, whichever is less).
- 3). If a student terminates after completion of 25 percent but prior to completion of 50 percent of contracted instructional time, the school may retain 50 percent of tuition cost plus registration fee (equal to 10 percent of the total tuition cost, or \$100, whichever is less).
- 4). If a student terminates after completion of 50 percent or more of contracted instructional time, the school may retain the full tuition cost plus registration fee (equal to 10 percent of the total tuition cost, or \$100, whichever is less).
- 5). If the school discontinues instruction in any program after a student enters training, including circumstances where the school changes its location, students must be notified in writing of such events and are entitled to a prorated refund of all tuition and fees paid, unless comparable training is arranged for by the school and agreed upon, in writing, by the student. Students entitled to refunds must apply in writing to the school within 90 calendar days of the discontinuance or relocation, and any earned refund must be disbursed by the school within 30 calendar days after receipt of a request.

### TERMINATION BY THE SCHOOL

A student, who fails to maintain satisfactory progress, violates safety regulations, interferes with other students' work, is boisterous, vulgar or obscene, under the influence of alcohol or drugs, or does not make timely tuition payment(s), is subject to immediate termination. CITC reserves the right to cancel a class if the number of students enrolling is deemed insufficient. Such cancellation will be considered a rejection by the school and the student is entitled to a full refund of all monies paid. The terminated student may follow the Grievance Policy Procedures found on page 4.

## GRIEVANCE AND COMPLAINT PROCEDURES

Student grievances and complaints must be submitted in writing to the CITC office within 14 days of the occurrence. Grievances or complaints will first be addressed by CITC's President or Vice President of Education. Appeals to any decision regarding the grievance may be made to the CITC Board of Trustees. The CITC Board has final authority on all issues pertaining to classroom training and administration. After a decision has been made by the CITC Board, if a student chooses to pursue the grievance further, a complaint may be made to the Workforce Training and Education Coordinating Board via mail at PO Box 43105, Olympia WA 98504; via phone at (360) 709-4600; or via email at [pusa@wtb.wa.gov](mailto:pusa@wtb.wa.gov).

## ACKNOWLEDGEMENT OF COMPLAINT PROCESS BY STUDENT

- 1). The school has explained the grievance/complaint process to me. I can find the process on page 4 of the catalog.
- 2). I know I should first try to resolve a complaint with my instructor or school administrator.
- 3). I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: [http://wtb.wa.gov/PCS\\_Complaints.asp](http://wtb.wa.gov/PCS_Complaints.asp).
- 4). I understand that I have one year to file a complaint from my last date of attendance.
- 5). I further understand that in the event of a school closure, I have 60 days to file a complaint.
- 6). I also understand that complaints are public records.
- 7). Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at [http://wtb.wa.gov/PCS\\_Complaints.asp](http://wtb.wa.gov/PCS_Complaints.asp).

## ACKNOWLEDGMENT BY STUDENT

I understand and accept that any contract for training I enter into with the above-named school contains legally binding obligations and responsibilities.

I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.

I understand that the enrollment contract I enter into shall not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and myself, provided that I have not entered classes sooner.

Printed Name \_\_\_\_\_  
Student Signature \_\_\_\_\_  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

## ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Printed Name \_\_\_\_\_  
CITC Representative Signature \_\_\_\_\_  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

## IMAGE/MEDIA CONSENT AND RELEASE

This is a request for consent to record your image and/or video presence for use in CITC's marketing materials including CITC's website, videos, catalogs, brochures, flyers, electronic communications, etc.

REMEMBER inclusion of your image, video presence or details is voluntary and you should not complete this consent and release form if you do not freely agree to the terms.

I do hereby grant CITC the right to use, publish and reproduce, for all purposes, my image and/or video presence in promotional and/or educational materials. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these materials indefinitely without compensation to me. I understand that all negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of CITC.

I give this consent voluntarily.

I understand that by signing below, I am acknowledging that I have read and understand this consent and release form, and have been given a copy to retain for my records.

Printed Name \_\_\_\_\_  
Student Signature \_\_\_\_\_  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_