

Optimus Language School

English as a Second Language
Tel. 714-990-4657 www.ols.edu

451W. Lambert Rd. Suite 210, Brea, CA 92821

Enrollment Agreement

DO NOT sign this enrollment agreement if you are unable to understand the terms and conditions. Instead, ask to reschedule your registration appointment and arrange to bring a translator with you.

Student Name: _____

Address: _____

Telephone: _____ Email: _____

Program: _____ Level(s): _____ Hours: _____

Program Start Date: ____/____/____ Scheduled Completion Date*: ____/____/____

Period Covered by Enrollment Agreement: ____/____/____ to ____/____/____

Date by Which Student Must Cancel Enrollment Agreement if Desired: ____/____/____

Instruction to be held at address listed at the top of this agreement.

*In order to earn a certificate of completion, the student must successfully complete Level 5 of our ESL program. Students must have either been placed in Level 5 or progressed to Level 5 from lower levels.

Institutional Charges

Registration Fee (non-refundable)	\$
Tuition	\$
Textbooks (non-refundable once books are given to student)	\$
Student Tuition Recovery Fund Fee (non-refundable)	\$
Other:	\$
Total	\$

NOTICES

1 (a) An ENROLLMENT AGREEMENT shall be written in language that is easily understood. If English is not the student's primary language, and the student is unable to understand

that terms and conditions of the ENROLLMENT AGREEMENT, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language.

(b) If the recruitment leading to enrollment was conducted in a language other than English, the ENROLLMENT AGREEMENT, disclosures, and statements shall be in that language.

Students will be required to take our placement test to determine the current level of their language skills before being allowed to register for any course. Classes are conducted only in English.

2 STUDENT'S RIGHT TO CANCEL

The student has the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. The student must meet with the Director immediately in the event that the student wishes to cancel this ENROLLMENT AGREEMENT.

3 Refund Policy

Tuition is generally non-refundable once the quarter has begun. However, we understand that extreme circumstances can affect a student's ability to attend class. It is at the Director's sole discretion to issue a credit/refund on an individual basis after meeting with the student to discuss options. **Any advance tuition payment that OLS receives will automatically be non-refundable.**

4 Loans

If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. Optimus Language School does not participate in federal or state financial aid programs.

5 NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of **credits** you earn at **Optimus Language School** is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the **certificate** you receive from **Optimus Language School** is also at the complete discretion of an institution to which you may seek to transfer. If the **certificate** you earn at this institution is 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 **Optimus Language School** to determine if your **certificate** will transfer.

6 Student Tuition Recovery Fund (STRF)

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 in an educational program, who is a California resident, or are enrolled in a residency program, and prepay 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, or are not enrolled in a residency program, or
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

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency programs attending certain schools regulated by the Bureau for Private Postsecondary and Vocational Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

7 Receipt of Catalog and School Performance Fact Sheet

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.

Student's 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 salaries or wages, 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.

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$ _____

ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: \$ _____

TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$ _____

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 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.

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 or by completing a complaint form, which can be obtained on the bureau's internet Web site at 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's Name (printed) _____

Student's Signature _____ Date _____

This agreement is accepted by:

School Authorized Representative _____ Date _____