

**Student Agreement**  
**Dogwood Dental Assisting School**  
P O Box 105796  
Jefferson City MO 65110  
[dogwoodDA@gmail.com](mailto:dogwoodDA@gmail.com)

**Student Name:** \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Phone

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB \_\_\_\_\_  
mm/dd/yyyy

**Program:** Dogwood Dental Assisting School Alternative Dental Assistant Training Program

**Length of Enrollment:** 28 weeks (357 contact hours)

**Tuition:** \$5000.

**Estimated Costs not included in tuition**

**Textbooks:**

Bird Robinson Modern Dental Assisting 12<sup>th</sup> Ed. Pageburst (digital version) \$131.

Dental Instruments A Pocket Guide. Linda R. Bartolomucci Boyd (digital version) \$52.95

**Uniforms and Immunizations:**

All white leather shoes \$55 (approx. Student responsible to purchase)

Scrubs x 2 sets (Student responsible to purchase, approximate cost \$30. - 100. depending on supplier) scrub tops must be of sufficient length to completely cover the student's backside while seated and while reaching. A plain crew neck t-shirt is recommended for wear beneath the scrub top.

White Cherokee Lab Jacket style 4350 or equivalent (cost \$25. -35.)

Clear safety glasses with solid side shields (Walmart \$5-10.)

- Hepatitis B Immunization \$90 (approx.) Student responsible to purchase or show proof of previous HBV Immunization
- Chicken Pox and Measles, Mumps and Rubella (MMR) vaccinations available at County Health Departments at a nominal fee or copy of immunization record showing proof of vaccination.
- Current negative TB test record (valid for 12 months) available at County Health Department at a nominal fee.
- Current Tetanus immunization, available at County Health Department at a nominal fee or copy of immunization record showing proof of vaccination.

Drug testing and background checks will be administered prior to beginning clinical rotations at current market expense to be borne by the student. (Approx. \$75.)

**Total Cost of Each Session**

**\$5000.** Tuition

**\$183.95** ebooks

**\$175.** Materials fee (non-refundable after module two).

**\$120. to \$170** Uniform, shoes and safety glasses.

**\$75.** (estimated) Drug testing and background checks

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**\$5553.95 to \$5603.95.** Total

Immunization fees will vary by student depending on current immunization records.

**There is an optional fee of \$225 (Payable to: Dental Assisting National Board) to take the *Missouri Test of Basic Dental Assisting Skills Exam* at the end of the course. This fee is not included in the \$5,000. tuition of the course. This is not a required expense, however, successful completion of the exam is required prior to taking any Missouri Expanded Functions Dental Assistant Course. Missouri Expanded Functions Courses are not included in this program.**

**Conditions of Payment Options:**

1. Full Amount paid by first module login, week 1.
2. ½ Full Amount (\$2500.) paid by first module login, week 1  
Remainder (\$2500.) paid by third module login, week 9

**Cancellation Policy:** A full refund will be made of all tuition within 30 days if cancellation is received within 3 days (excluding Saturdays, Sundays, and national holidays) after the student has signed the Enrollment Agreement. The student must provide written notice to the director of the program.

**Withdrawal Policy:** Students will be allowed to withdraw from the program at any time through a written submission ([dogwoodDA@gmail.com](mailto:dogwoodDA@gmail.com)) to the school administrator. The student must submit in writing, a dated request for withdrawal from the school. The refund will be calculated based on the refund policy as stated below.

An official withdrawal transcript will be provided to the student within one week of formal notification of withdrawal as stated above. Duplicate or replacement transcripts will be provided after receipt of written request ([dogwoodDA@gmail.com](mailto:dogwoodDA@gmail.com)) and payment of \$10.00 fee.

**Absences Policy:** If a student misses an end of module skills assessment there is NO make-up day within the session. The student will be required to complete the missed skills assessment at a time and location as agreed upon with the school or clinical administrator. There will be no

additional charge for this and should the student decide to withdraw, the withdrawal policy stands as listed above determined by the student's last online login.

**Refund Policy:** All refunds will be paid within 30 days of the student's exit from the program. A student who enrolls in the course and then terminates or withdraws after the expiration of the 3 day cancellation period, but before the start of the course, will have all monies paid refunded. Other refunds are as follows: Students who withdraw during or at the end of the first week of class will be eligible for a 75% (\$3750.) refund. Students who withdraw during or at the end of the sixth week of class will be eligible for a 50% (\$2500.) refund. Students who withdraw during or at the end of the fourteenth week of class will be eligible for a 25% (\$1250.) refund. Students who withdraw after the fourteenth week will not be eligible for a refund. The student's last date of online login attendance will be used in all refund calculations. A full refund will be made of all monies received should a student not be accepted for enrollment in the school as stated in the above policies. Should the school discontinue educational services thereby preventing the student from completing the program a full refund will be made of all monies received. Should it be established that a student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school or representation by the owners, director or representatives of the school, a full refund will be made of the monies received. The official date of termination will be in accordance with the provisions stated above. If a student is found to have provided the school with false information the above refund policies apply and the student will be immediately dismissed from the program.

**Grievance Policy:** Students may file a written grievance with the school administrator ([dogwoodDA@gmail.com](mailto:dogwoodDA@gmail.com)). All grievances will be addressed within 24 hours of submission, except if received over a weekend or holiday, in which case the grievance will be addressed on the next school day. Students who are dissatisfied with the resolution offered by the school may contact the Missouri Department of Higher Education at [\(573\) 751-2361](tel:5737512361) for information on filing a formal complaint against the school.

**Official Transcript Policy:** One official transcript will be provided to the student with their program completion certificate. Duplicate or replacement transcripts will be provided after receipt of written request ([dogwoodDA@gmail.com](mailto:dogwoodDA@gmail.com)) and payment of \$10.00 fee.

**Job Placement Assistance:** It is expected that most students will be hired in the clinic in which they serve their clinical externship. In the event no job is available in that clinic, an online job posting board will be maintained by Dogwood Dental Assisting School, for the purpose of assisting graduates with job placement opportunities.

**I agree to the above policies and procedures of the Dogwood Dental Assisting School.**

Beginning date of the session enrolled in is: \_\_\_\_\_

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
School Official Signature/Date

I, \_\_\_\_\_, understand that to serve clinical externships, I will be subject to drug screening and a criminal background check (approximate fee to student of \$75.00) prior to clinic training placement. Results of screening and background checks, may prevent my placement in and completion of clinical externship experiences, which are required to complete the program.

I further understand that my inability to participate in the completion of my clinical training (externship) will result in my dismissal from Dogwood Dental Assisting School without a certificate of completion.

Print student name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_