



PROVIDENCE VOCATIONAL INC.
13155 Westheimer Rd. Ste. 133 Houston, TX 77077
Ph.:832-243-4312 Fax: 281-920-0263

STUDENT ENROLLMENT APPLICATION FORM

STUDENT INFORMATION			
Student Names:			DOB:
Address:	City/State/Zip		
Telephone:	Cell:	Home:	
E-mail Address:			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	SSN:	TX DL/ID#	
Please select the racial category or categories with which you most closely identify. *(This information is requested by the U.S. Department of Education on a voluntary basis and will not affect your admission into the program). Check as many as apply.			
<input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No", state your country of citizenship:	
Social Security number: _____		Do you hold a Permanent Residence Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" date permanent resident card issued ____ / ____ / ____ (Enclose a copy of both sides) (mm / dd / yyyy)			
If you are not a U.S. citizen or permanent resident, do you have Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" enclose a copy			
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If "No", do you need language assistance during the application for admission process? <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If yes, please describe the assistance needed. _____			
Person with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If yes, do you need accommodations during the application for admission process? <input type="checkbox"/> Yes <input type="checkbox"/> No? If yes, please describe the accommodations needed. _____			
Education (Check all that apply) <input type="checkbox"/> High School OR <input type="checkbox"/> Home Schooled Graduate			
High School Attended _____ Date Graduated _____			
<input type="checkbox"/> GED -If yes, which version: English _____ Spanish _____ Date completed _____			
<input type="checkbox"/> College diploma			
<input type="checkbox"/> Others			
List ALL colleges and / or universities you have attended:			
Full Name of Institution _____			
City/State _____			
Dates of Attendance _____			
Diploma Earned _____			
10. Have you been convicted of any felony or misdemeanor excluding traffic ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If "Yes", see the Administrative Officer.			

COURSE and COURSE COST			
Course Name:	NURSE AIDE TRAINING PROGRAM		
Course Length:4-5wks.	Contact Hours :104	Date the Training is to begin:	
Registration/Administration Fee (non-refundable)			\$100.00
Tuition			\$630.00
Approved Course Text			35.00
School Supplies			\$50.00
Estimated cost & processing of (NATCEP Certification Exam			**\$115.00
Background Check			\$20.00
TOTAL			\$950.00
<i>* *Fee is estimated and based on current cost and subject to change.</i>			
METHOD OF PAYMENT			
Method of Payment (check one)			
Money Order ()	Cashier Check ()	Cash ()	Cr/Dr Card ()
Other ()			
Payment Plan: Full payment required by check, money order, and credit card, otherwise:			
<ul style="list-style-type: none"> • 50% of the total tuition cost paid at registration and 50% balance before start of clinical rotation. • Certificate of completion and transcript to be withheld until all financial obligations to school are fulfilled • No interest will be charged. 			
<p>“Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder. “</p>			

5.0 ADMISSION REQUIREMENTS

All potential students must meet the following requirements:

- Must be 18 years or older. (Upon approval by Director age restriction may be lowered to 16 with students with parental permission and have met compulsory school age requirements.)
- Must have Social Security card
- Must have valid photo ID (Passport or any State of TX issued ID)
- Must complete a personal interview with school director/School Representatives.
- **Minimum is High School Diploma / GED or a TWC approved Placement Test (TABE). (Upon approval by the Director, education level may be lowered to 8th grade.)**
- Ability to read, write and communicate in English Language
- Pass Criminal background check before clinical rotation.

*Fill out and sign acknowledgement of CSC-005

*Fill out and sign acknowledgement of CSC-010



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STUDENT INFORMATION			
Student Names:		DOB:	
Address:	City/State/Zip		
Telephone:	<i>Cell:</i>	<i>Home:</i>	
E-mail Address:			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	SSN:	TX DL/ID#	
Please select the racial category or categories with which you most closely identify. *(This information is requested by the U.S. Department of Education on a voluntary basis and will not affect your admission into the program). Check as many as apply.			
<input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No", state your country of citizenship:	
Social Security number: _____ Do you hold a Permanent Residence Status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes" date permanent resident card issued _____ / _____ / _____ (Enclose a copy of both sides)			
(mm / dd / yyyy)			
If you are not a U.S. citizen or permanent resident, do you have Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" enclose a copy			
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If "No", do you need language assistance during the application for admission process? <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If yes, please describe the assistance needed.			

Person with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If yes, do you need accommodations during the application for admission process? <input type="checkbox"/> Yes <input type="checkbox"/> No? If yes, please describe the accommodations needed. _____			
Education (Check all that apply)			
<input type="checkbox"/> High School OR <input type="checkbox"/> Home Schooled Graduate			
High School Attended _____ Date Graduated _____			
<input type="checkbox"/> GED -If yes, which version: English _____ Spanish _____ Date completed _____			
<input type="checkbox"/> College diploma			
<input type="checkbox"/> Others			
List ALL colleges and / or universities you have attended:			
Full Name of Institution _____			
City/State _____			
Dates of Attendance _____			
Diploma Earned _____			
11. Have you been convicted of any felony or misdemeanor excluding traffic ticket?			
<input type="checkbox"/> Yes <input type="checkbox"/> No?			
If "Yes", see the Administrative Officer .			

COURSE and COURSE COST			
Course Name:	PHLEBOTOMY TRAINING PROGRAM		
Course Length:8wks.	Contact Hours :135	Date the Training is to begin:	
Registration fee (nonrefundable):	\$100.00	Other Expenses:	\$
Tuition	\$800.00	Equipment & Supplies	\$150.00
Approved Text Book	\$100.00	Drug Screen	25.00
Background Check	\$25.00		
**Exam	\$ 150.00		
<i>* *Fee is estimated and based on current cost and subject to change.</i>			
TOTAL COST:	\$1,350.00		

METHOD OF PAYMENT			
Method of Payment (check one)			
Money Order ()	Cashier Check ()	Cash ()	Cr/Dr Card ()
Other ()			
Payment Plan: Full payment required by check, money order, and credit card, otherwise: <ul style="list-style-type: none"> • 50% of the total tuition cost paid at registration and 50% balance before start of clinical rotation. • Certificate of completion and transcript to be withheld until all financial obligations to school are fulfilled • No interest will be charged. 			
“Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder. “			

ADMISION REQUIREMENTS
<ul style="list-style-type: none"> • Able to read, write, speak, and understand English; • At least 18 years of age with a valid picture ID • Be free of communicable diseases and in suitable physical and emotional health to be a phlebotomist; • A graduate of a high school, CNA or have a general equivalency diploma; • Current Immunizations and pass criminal background check Drug Test (Urine Drug Test- UDT) required <p>*Fill out and sign acknowledgement of CSC-005 *Fill out and sign acknowledgement of CSC-010</p>



STUDENT ENROLLMENT APPLICATION FORM

STUDENT INFORMATION

Student Names:		DOB:	
Address:		City/State/Zip	
Telephone:	Cell:	Home:	
E-mail Address:			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		SSN:	TX DL/ID#
Please select the racial category or categories with which you most closely identify. *(This information is requested by the U.S. Department of Education on a voluntary basis and will not affect your admission into the program). Check as many as apply.			
<input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No", state your country of citizenship:	
Social Security number: _____ Do you hold a Permanent Residence Status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes" date permanent resident card issued _____ / _____ / _____ (Enclose a copy of both sides)			
(mm / dd / yyyy)			
If you are not a U.S. citizen or permanent resident, do you have Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" enclose a copy			
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If "No", do you need language assistance during the application for admission process? <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If yes, please describe the assistance needed. _____			
Person with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No?			
If yes, do you need accommodations during the application for admission process? <input type="checkbox"/> Yes <input type="checkbox"/> No? If yes, please describe the accommodations needed. _____			
Education (Check all that apply)			
<input type="checkbox"/> High School OR <input type="checkbox"/> Home Schooled Graduate			
High School Attended _____ Date Graduated _____			
<input type="checkbox"/> GED -If yes, which version: English _____ Spanish _____ Date completed _____			
<input type="checkbox"/> College diploma			
<input type="checkbox"/> Others			
List ALL colleges and / or universities you have attended:			
Full Name of Institution _____			
City/State _____			
Dates of Attendance _____			
Diploma Earned _____			
12. Have you been convicted of any felony or misdemeanor excluding traffic ticket?			
<input type="checkbox"/> Yes <input type="checkbox"/> No?			
If "Yes", see the Administrative Officer .			

COURSE and COURSE COST			
Course Name:	EKG TRAINING PROGRAM		
Course Length:8wks.	Contact Hours :120	Date the Training is to begin:	
Registration fee (nonrefundable):	\$100.00	Other Expenses:	\$
Tuition & Supplies	\$1,160.00	Background Check - <i>free</i>	
Text Book	\$100.00		
Drug Screen	\$25.00		
NHA EKG Technician Certification Exam		\$ 115.00	
* <i>Fee is estimated and based on current cost and subject to change.</i>			
TOTAL COST:	\$1,500.00		

METHOD OF PAYMENT			
Method of Payment (check one)			
Money Order ()	Cashier Check ()	Cash ()	Cr/Dr Card ()
Other ()			
Payment Plan: Full payment required by check, money order, and credit card, otherwise: <ul style="list-style-type: none"> • 50% of the total tuition cost paid at registration and 50% balance before start of clinical rotation. • Certificate of completion and transcript to be withheld until all financial obligations to school are fulfilled • No interest will be charged. 			
<p>“Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder. “</p>			

ADMISION REQUIREMENTS
<ul style="list-style-type: none"> • Able to read, write, speak, and understand English; • At least 18 years of age with a valid picture ID • Be free of communicable diseases and in suitable physical and emotional health to be able to perform an Electrocardiogram - EKG • A graduate of a high school, CNA or have a general equivalency diploma; • Current Immunizations and pass criminal background check • Drug Test (Urine Drug Test- UDT) required <p>*Fill out and sign acknowledgement of CSC-005 *Fill out and sign acknowledgement of CSC-010</p>

CANCELLATION POLICY

A full refund will be made to any student who cancels the enrollment contract within 72 hours (until midnight of the third day excluding Saturdays, Sundays and legal holidays) after the enrollment contract is signed. A full refund will also be made to any student who cancels enrollment within the student's first three scheduled class days, except that the school may retain not more than \$100 in any administrative fees charged, as well as items of extra expense that are necessary for the portion of the program attended and stated separately on the enrollment agreement.

REFUND POLICY

1. Refund computations will be based on scheduled course time of class attendance through the last date of attendance. Leaves of absence, suspensions and school holidays will not be counted as part of the scheduled class attendance.
2. The effective date of termination for refund purposes will be the earliest of the following:
 - (a) The last day of attendance, if the student is terminated by the school;
 - (b) The date of receipt of written notice from the student; or
 - (c) Ten school days following the last date of attendance.
3. If tuition and fees are collected in advance of entrance, and if after expiration of the 72-hour cancellation privilege the student does not enter school, not more than \$100 in any administrative fees charged shall be retained by the school for the entire residence program or synchronous distance education course.
4. If a student enters a residence or synchronous distance education program and withdraws or is otherwise terminated after the cancellation period, the school or college may retain not more than \$100 in any administrative fees charged for the entire program. The minimum refund of the remaining tuition and fees will be the pro rata portion of tuition, fees, and other charges that the number of hours remaining in the portion of the course or program for which the student has been charged after the effective date of termination bears to the total number of hours in the portion of the course or program for which the student has been charged, except that a student may not collect a refund if the student has completed 75 percent or more of the total number of hours in the portion of the program for which the student has been charged on the effective date of termination.
5. Refunds for items of extra expense to the student, such as books, tools, or other supplies are to be handled separately from refund of tuition and other academic fees. The student will not be required to purchase instructional supplies, books and tools until such time as these materials are required. Once these materials are purchased, no refund will be made. For full refunds, the school can withhold costs for these types of items from the refund as long as they were necessary for the portion of the program attended and separately stated in the enrollment agreement. Any such items not required for the portion of the program attended must be included in the refund.
6. A student who withdraws for a reason unrelated to the student's academic status after the 75 percent completion mark and requests a grade at the time of withdrawal shall be given a grade of "incomplete" and permitted to re-enroll in the course or program during the 12-month period following the date the student withdrew without payment of additional tuition for that portion of the course or program.
7. A full refund of all tuition and fees is due and refundable in each of the following cases:
 - (a) An enrollee is not accepted by the school;
 - (b) If the course of instruction is discontinued by the school and this prevents the student from completing the course; or

