



SUNCOAST TRUCKING ACADEMY, INC.

Arcadia Campus located at 217 S. Polk Ave., Arcadia FL 34266 – (941) 347-7445
Mailing Address: P.O. Box 2480, Arcadia FL 34265

Student Enrollment Agreement

Program Title: Class A CDL 160

THIS AGREEMENT, TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL UPON THE ACCEPTANCE BY THE SCHOOL. READ APPLICATION THOROUGHLY BEFORE ANSWERING QUESTIONS.

FIRST NAME MIDDLE NAME LAST NAME

STREET ADDRESS CITY STATE ZIP CODE

Social Security Number: _____ Date of Birth: _____ Circle one: Male Female

Program Information (This Section is for the School Only)

Program Title: Class A CDL 160 Length: 4 Weeks Clock Hours: 160

Class Schedule:

This is a 4-week course. New classes begin every Monday and run Monday through Friday from 7:00 A.M. to 4:00 P.M. "Clock Hour" means 60 minutes of instruction with a minimum of 50 minutes in the presence of an Instructor.

Anticipated Program Completion Date: The Program's course of study ends the 4th Friday following the start day.

Hours per week: _____ Start Date: ____/____/____ Anticipated Completion Date: ____/____/____

Program Cost Breakdown

Tuition	\$5,700.00
DOT Drug Screening	195.00
Books & Supplies	150.00
CDL Test	<u>\$ 450.00</u>
Total Program Cost	\$ 6,495.00

Payment may be made with cash, credit/debit card or by use of a private lender, if qualified.

NOTE: Students requiring loans – Paramount Capital Group charges a \$150 processing fee. This charge is included in the loan financing.

This Agreement, together with the School Catalog, constitutes a binding Contract between the Student and SunCoast Trucking Academy, Inc.

STUDENT'S INITIAL: _____ DATE: _____

CANCELLATION AND REFUND POLICY

The breakdown of charges shown on Page 1 contains no non-refundable items.

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by electronic mail, by certified mail or by termination.
2. All monies will be refunded if the school does not accept the applicant or if the Student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
3. Cancellation after the third (3rd) business day, but before the first class, results in a refund of all monies paid.
4. Cancellation after attendance has begun, through 40% completion of the program, will result in a prorated refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing more than 40% of the program will result in no refund.
6. Termination Date: In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice is received.
7. Refunds will be made within 30 days of termination of student's enrollment or receipt of cancellation notice from Student. There are no non-refundable fees.
8. **Withdrawal Policy:** A Student may withdraw from school by advising the Director of Admissions in writing that he/she wishes to withdraw from school and provide the date upon which his/her withdrawal is to become effective. If any refund is due the student, it shall be returned to the student within 30 days of such withdrawal date. In this instance, the school's published Refund Policy will be applied.

The Proration formula used to calculate a refund will be as follows. The number of class hours completed shall be divided by the total classroom hours (160) to arrive at the percentage of completed classroom time. This percentage shall be subtracted from 100% to get the total percentage that is refundable to the student. The total cost, \$6495, will then be multiplied by the total percentage refundable to determine the amount refunded to the student.

GROUND FOR TERMINATION I agree to comply with the rules and policies, and understand that SunCoast Trucking Academy, Inc. shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand that SunCoast Trucking Academy, Inc. reserves the right to modify the rules and regulations, and that I will be advised of any and all modifications.

GRADUATION REQUIREMENTS I understand that in order to graduate from the program and receive a diploma, I must successfully complete the required number of scheduled clock hours as specified in the catalog and on the student enrollment agreement, pass all written and practical examinations with an 80% average and satisfy all financial obligations to SunCoast Trucking Academy, Inc. A certificate of completion will be awarded upon completion of the 160- hour program.

EMPLOYMENT ASSISTANCE I understand that SunCoast Trucking Academy, Inc. has not made and will not make any guarantees of employment or salary upon graduation. SunCoast Trucking Academy, Inc. will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

ACKNOWLEDGMENT This contract contains the entire agreement between SunCoast Trucking Academy, Inc. and myself, and no further modification or representation except as herein expressed in writing will be recognized.

NOTICE TO PROSPECTIVE STUDENTS:

DO NOT SIGN THIS CONTRACT IF YOU HAVE NOT REACHED YOUR 18TH BIRTHDAY OR BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

By signing this Agreement, Student authorizes School to run a Background Check on said Student.

SunCoast Trucking Academy, Inc.

____/____/_____
Date

Signature of Applicant

____/____/_____
Date

ADDENDUM TO STUDENT ENROLLMENT AGREEMENT

METHODS OF PAYMENT OPTIONS

Finance Method #1

SunCoast Trucking Academy is an approved Provider for its students to receive financial assistance through CareerSource Southwest Florida, CareerSource Suncoast, CareerSource Heartland and CareerSource Palm Beach County. Each Student must apply at the nearest CareerSource location in order to be assigned a counselor to assist in the process.

Finance Method #2

Student Loans are available through an independent lender for those who qualify. Replies to the application are generally received within 48 hours of submission. A \$150.00 application & processing fee is collected by the lender; this cost is included in financing.

Acceptable for Payment

Credit Card _____ Cash _____ Check _____

THERE ARE NO NON-REFUNDABLE CHARGES

Breakdown of Charges

Tuition	\$5,700.00
Dot Drug Screening	195.00
Books & Materials	150.00
CDL Test	450.00
TOTAL PROGRAM PRICE	\$6,495.00

Financial Assistance:

In addition, for Veterans who qualify to receive benefits under the G. I. Bill, Suncoast Trucking Academy, Inc. is an approved vendor for the Department of Veterans' Affairs, the Florida Department of Veterans' Affairs and the Vocational Rehabilitation Division for the Department of Veterans' Affairs.

PLEASE NOTE: Financial assistance is available *for those who qualify*.

STUDENT'S INITIAL: _____



Qualification Application

Date of Interview: ____/____/____

Expected start class date: ____/____/____

Representative: _____

A. (Please Print) PERSONAL HISTORY

Current address: _____

City/State/Zip _____ Age: _____ Date of Birth: ____/____/____

Do you own your home or Rent? _____ Male Female Marital Status _____

How long at this address? _____ Do you have any children? Yes No Age(s) _____

Previous adress: _____ U.S. Citizen? Yes No

City/State Zip: _____ State of Birth _____

How long at this address? _____ Drivers License number _____

Military Experience? Yes No Branch _____ State in which Licensed _____

Date of Discharge ____/____/____ License class _____ Exp. Date ____/____/____

How long did you serve? _____ Height _____ Weight _____

Type of Discharge _____ Home Phone Number _____ - _____ - _____

Emergency Phone # ____/____/____ Cell Phone Number _____ - _____ - _____

Name of Contact _____ Email Address _____

Relationship _____ Social Security # _____ - _____ - _____

B. PHYSICAL HISTORY

The following questions relate to the Federal Department of Transportation's required physical examination.

1. Do you have any uncorrectable vision problems (worse than 20/40 in either eye)? **YES NO**
2. Do you have any history of epllepsy? **YES NO**
3. Are you, or have you ever been, a diabetic? **YES NO**
If yes, how is it controlled? _____
4. Do you have a history of high blood pressure? **YES NO**
5. Do you have any restricted use or permanant handicap of either arm or leg? **YES NO**
6. Do you have difficulty distinguishing between the colors red, green, and yellow? **YES NO**
7. Have you received worker's Compensation? **YES NO**
If Yes, then explain injury(s) _____ Is case closed?
8. Have you been prescribed or taken any prescription medications in the past 5 years? **YES NO**
If yes, list medications _____
Reasons prescribed _____
9. Do have or have you ever been diagnosed with depression, bipolar disorder, and/or psychiatric disorders? If yes, when? **YES NO**
10. Do you have or ever had heart disease, heart attack, or any other cardiovascular condition ? if yes, when? **YES NO**

C.**DRIVING RECORD/BACKGROUND RECORDS****List all Convictions, Accidents, Citations and forfeitures for the past 5 years.**

DATE	LOCATION	CHARGE	PENALTY

1. Have you EVER had a drivers License in any other State? If YES, which State? _____ YES NO
 2. Have you EVER tested positive or refused a drug or alcohol pre-employment test? YES NO
 If yes, Explain _____
3. Have any of your licenses, permits, or privileges ever been suspended or revoked? YES NO
 If yes, Explain _____
4. Have you EVER been arrested, charged, or convicted of a felony or have any Felony YES NO
 Charges pending? If yes, when? _____ Sentence completion date? _____
 What was the charge? _____ County? _____ State? _____
 How long in jail/prison? _____ Length of Probation Parole? _____
5. Have you EVER been arrested, charged, or convicted for use, sale or possession of a Narcotic drug? YES NO
 If yes, when? _____ Sentence completion date? _____
 What was the charge? _____ County? _____ State? _____
 How long in jail/prison? _____ Length of Probation Parole? _____
6. Have you EVER been arrested, charged, or convicted of a Misdemeanor? Or Pending? YES NO
 If yes, when? _____ Sentence completion date? _____
 What was the charge? _____ County? _____ State? _____
 How long in jail/prison? _____ Length of Probation Parole? _____
7. Have you EVER been arrested, charged, or convicted of driving under the influence of alcohol,
 narcotic drug, marijuana or any other related charges? YES NO
 If yes, when? _____ Sentence completion date? _____
 What was the charge? _____ County? _____ State? _____
 How long in jail/prison? _____ Length of Probation Parole? _____

D.**EMPLOYMENT HISTORY**

Start Date	End date	Employer	City/State	Position	Reason For Leaving

I understand that in completing this evaluation, the school is under no obligation to accept me, nor am I under no obligation to the school. It is agreed and understood that the answers to the foregoing questions have been supplied by me and are true to the best of my knowledge, and that any misrepresentation of information given above shall be considered an act of dishonesty.

Student Signature: _____