



# SUNCOAST TRUCKING ACADEMY, INC.

Punta Gorda Campus located at 28040 Airpark Dr. Suite 104 Punta, Gorda FL 33982 – (941) 347-7445

## 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 4<sup>th</sup> 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>
<b>Total Program Cost</b>	<b>\$ 6,495.00</b>

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

NOTE: Student Loans require an additional \$250.00 charge. This is for the Application Fee (\$100.00) and for the Processing Fee (\$150.00). This charge is traditionally included in the loan financing.

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

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 (3<sup>rd</sup>) 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 18<sup>TH</sup> 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
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 to attend SunCoast Trucking Academy. Applications can be completed at SunCoast Trucking Academy and subsequently submitted to multiple lenders. Replies to the application generally received within 48 hours of submission. A \$250.00 Application & Processing fee will be applied to the cost. Of this amount, the Processing fee of \$150 is charged & collected by the lender. A \$100 Application fee is retained by the School.

### 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
<b>TOTAL PROGRAM PRICE</b>	<b>\$6,495.00</b>

### 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 address: \_\_\_\_\_

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 epilepsy? **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 permanent 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 you 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  
 If yes, Explain \_\_\_\_\_
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: \_\_\_\_\_