



ESSC INC.

Professional Industry Career Training

**EMPLOYED SECURITY SERVICE CENTER, INC.
Training Location**

____ 3292 E. Spring St., Second Floor, Long Beach, CA 90806 Main Campus (626) 765-9589

____ 3355 E. Spring St., Suite #209, Long Beach, CA 90806 Satellite (Classroom) (800) 856-1053

ENROLLMENT AGREEMENT

All fields must be filled completely.

PLEASE TYPE OR PRINT CLEARLY

STUDENT ID NO. _____

Full Legal Name: _____

Social Security #: _____ DOB(MM/DD/YYYY) _____

Residential Address: _____ City _____ State _____ Zip Code _____

Mailing Address (if different): _____ City _____ State _____ Zip Code _____

Telephone: _____ Emergency Contact: _____

Mobile Telephone: _____ E-Mail: _____

PROGRAM NAME: _____ **LENGTH IN HOURS** _____

SCHEDULED START DATE: _____ **SCHEDULED COMPLETION DATE:** _____

Period of Enrollment Agreement is the same as the Scheduled Start and Completion Date.

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 or the seventh day after enrollment, whichever is later. Any student wishing to cancel or withdraw from class should deliver or send by United States postal delivery a written notice of cancellation or withdrawal to the Employed Security Service Center, Inc., Main Campus, 3292 E. Spring St., Second Floor, Long Beach, CA 90806; or cancellation or withdrawal may be demonstrated by the student's conduct, including, but not necessarily limited to, a student's lack of attendance.

Last day for student to cancel: _____

The institution shall refund 100 percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars (\$250). The Center shall issue a refund for unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. The refund policy for students who have completed 60 percent or less of the period of attendance shall be a pro rata refund. The institution shall pay or credit refunds within 45 days of a student's written notification of cancellation or withdrawal.

If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal student financial aid program funds.

The student shall have the right to cancel the agreement and receive a full refund of student paid fees before the first lesson and materials are received and/or outside licensing or testing fees are paid on the student's behalf. Cancellation is effective on the date written notice of cancellation is delivered or received. The Center will make the refund as per the calculation consistent with the California Code of Regulations. If the institution delivered the first lesson and materials before an effective cancellation notice was received, the institution shall make a refund within 45 days after the student's return of the materials. Should a student cancel or withdraw from the program and be eligible for a refund, the refund will be paid to the student, department, or agency that paid the fees.

STUDENT RIGHTS POLICIES: As a student, you have certain rights. See the Section entitled Privacy Act on page 24 of the school catalog which identifies your rights to have your student records remain private.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

"The transferability of credits you earn at Employed Security Service Center, Inc. is at the complete discretion of an institution to which you may seek to transfer, Acceptance of the certificate you earn in _____ is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that 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 Employed Security Service Center Inc. to determine if your certificates will transfer."

Student Tuition Recovery Fund: "The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if 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. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program."

(b) In addition to the statement required under subdivision (a) of this section, a qualifying institution shall include the following statement in its school catalog:

"It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N Market Blvd #225 Sacramento, CA 95834, (916) 574-8900 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120-day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120-day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the

award from the institution.

7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.”

PRIOR TO SIGNING THIS ENROLLMENT AGREEMENT

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, salaries or wages and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Student 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 salary or wage information **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.

Student Initials_____

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:

**1747 N. Market Blvd. Ste 225, Sacramento, CA 95834
P O Box 980818, West Sacramento, CA 95798-0818
Telephone and Fax #'s: (888) 370-7589 or by fax (916) 263-1897
(916) 574-8900 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 toll-free or by completing a complaint form which can be obtained on the bureau’s internet website www.bppe.ca.gov

ENROLLMENT AGREEMENT FEES

Program Tuition	\$	(Non-Refundable)
Registration Fee	\$	
Equipment	\$	
Lab Supplies or Kits	\$	
Textbooks or other learning media	\$	
Uniforms or other special protective clothing	\$	(Non-Refundable)
Student Tuition Recovery Fund fee	\$	
Other Charges	\$	
TOTAL AMOUNT DUE:	\$	This is amount you will be required to pay to complete the program

- a. **TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE** \$ _____
- b. **ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM** \$ _____
- c. **TOTAL CHARGES OBLIGATED TO BE PAID UPON ENROLLMENT** \$ _____

YOU ARE RESPONSIBLE FOR THIS AMOUNT, IF YOU GET A STUDENT LOAN YOU ARE RESPONSIBLE FOR REPAYING THE LOAN PLUS ANY INTEREST LESS THE AMOUNT OF ANY REFUND

If a student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

- a. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
- b. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

General Loan Policy If a 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.

Employed Security Service Center, Inc. will NOT request payment from Student or Work Force Development Institution if student is Withdrawn or Drops from program in accordance with the cancellation and withdrawal policies on page 1 of this Enrollment Agreement.

I understand that this is a legally binding contract when signed by me and accepted by the institution. I acknowledge that this is not a public school.

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 SIGNATURE _____

DATE SIGNED: _____

FOR OFFICE USE ONLY

SCHOOL OFFICIALS SIGNATURE _____

DATE SIGNED: _____

SCHOOL OFFICIALS (PRINT NAME) Musheer Rasheed