



Student Registration and Enrollment Form

Student Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Which county do you live in? _____ Last 4 SSN _____

Program of Interest: _____ Program Start Date: / /

How did you hear about us? ___ Internet ___ Facebook ___ Instagram ___ Student ___ Referral

Ethnicity: _____

Are you a citizen of the United States? YES NO Are you able to provide proof of citizenship.? YES NO

Have you ever been suspended, expelled, or placed on probation for an extended period? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Phone: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Phone: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____



INSTITUTION DISCLOSURE OF INFORMATION FORM

SECTION I – EDUCATION

The Mississippi Proprietary School and College Registration Law requires all proprietary schools registered with the state of Mississippi to utilize the refund policy as stated in section 75-60-18 of the law. SECTION 4. Section 75-60-18, Mississippi Code of 1972, is as follows:

When refunds are due, they shall be made within thirty (30) days of the last day of attendance if written notification of withdrawal has been provided to the institution by the student. All refunds shall be made without requiring a request from the student and within thirty (30) days from the date that the institution terminates the student or determines withdrawal by the student based on last day of attendance. In any event, all refunds shall be made within sixty (60) days of the student's last day of attendance. Any unused portion of fees and other institutional charges shall be refunded as follows:

(a) Refunds for Classes Canceled by the Institution. If tuition and fees are collected in advance of the starting date of a program and the institution cancels the class, one hundred percent (100%) of the tuition and fees collected shall be refunded. The refund shall be made within thirty (30) days of the planned starting date.

(b) Refunds for Students Who Withdraw on or Before the First Day of Class. If tuition processing fees are collected in advance of the starting date of classes and the student does not begin classes or withdraws on the first day of classes, no more than One Hundred Dollars (\$100) of the tuition and processing fees may be retained by the institution. Appropriate refunds for a student who does not begin classes shall be made within thirty (30) days of the class starting date.

(c) Refund for Students Enrolled Prior to Visiting the Institution. Student who has not visited the school facility prior to enrollment will have the opportunity to withdraw without penalties within three (3) days following a documented attendance at a regularly scheduled orientation or a documented tour of the facilities and inspection of the equipment. Institutions are required to keep records of students' initial visits or orientation sessions.

(d) Refunds for Students After Instruction has begun. Contractual obligations beyond twelve (12) months are prohibited. The refund policy for students attending proprietary institutions who incur financial obligations for a period of twelve (12) months or less shall be as follows:

- (I) After the first day of classes and during the first ten percent (10%) of the period of financial obligation, the institution shall refund at least ninety percent (90%) of the tuition;
- (II) After the first ten percent (10%) of the period of financial obligation and until the end of the first twenty-five percent (25%) of the period of obligation, the institution shall refund at least fifty percent (50%) of the tuition;
- (III) After the first twenty-five percent (25%) of the period of financial obligation and until the end of the first fifty percent (50%) of the period of obligation, the institution shall refund at least twenty-five percent (25%) of the tuition; and
- (IV) After the first fifty percent (50%) of the period of financial obligation, the institution may retain all of the tuition.

Signature of Prospective Student _____ Date _____

Signature of School Official _____ Date _____

Title of School Official _____

CPSCR Form Disclosure of Information updated July 2017



ATTENDANCE POLICY

MedTech Health Academy records the daily attendance of each student. Absenteeism for more than 20 percent of the total program constitutes cause for dismissal. A student who has greater than 20 percent absences will have his or her case reviewed by the school director with the likelihood of being dropped from the program.

The following holidays will be observed, and classes will not be held. (New Year's Day, Juneteenth, Independence Day, Memorial Day, Labor Day, Thanksgiving, and Christmas) Holidays are not counted as part of the contracted time schedule. Makeup days are held on Tuesday or Wednesday. (** These days will also be utilized for school closings due to bad weather, state emergency, etc.*)

Developing a good work ethic is an important part of the training at MedTech Health Academy. Students arriving late for class are interrupting the instructor and other students. The following recording system will be used for tardiness.

- 1 to 15 minutes late will be counted as 15 minutes late
- 16 to 30 minutes late will be counted as 30 minutes late
- 31 to 60 minutes late will be counted as 1 hour late

If you have a serious medical condition, documentation is required from your Physician. If you have a family emergency, please notify school officials immediately.

I _____ have read and understood the attendance policy. I also understand that if I fail to abide by the attendance, further actions will be conducted, and it may result in a dismissal from the program. Any remaining balance or refunds will be handled according to the refund policy.

Student signature: _____ Date: _____

STUDENT CODE OF CONDUCT

The following conduct is unacceptable and will not be tolerated:

1. All forms of bias including race, religion, ethnicity, gender, disability, national origin, veteran status, and creed as demonstrated through verbal and/or written communication and/or physical acts.
2. Sexual harassment including creating a hostile environment and coercing an individual to perform sexual favors in return for something.
3. All types of proven dishonesty, including cheating, plagiarism, knowingly furnishing false information to the institution, forgery, and alteration or use of institution documents with intent to defraud.
4. Intentional disruption or obstruction of teaching, administration, disciplinary proceedings, public meetings and programs, or other school activities.
5. Theft or damage to the school premises or damage to the property of a member of the school community on the school premises.
6. Student acts of criminal behavior that place any person in imminent danger are prohibited on all school ground.
7. Violation of the law on school premises. This includes, but is not limited to, the use of alcoholic beverages or controlled dangerous substances.
8. Violation of published school policies.

**Not adhering to the school's rules, regulations, policies, and code of conduct may cause a student to be dismissed from the program.*

STUDENT CONSENT TO THE CODE OF CONDUCT FORM

I acknowledge that I have read, understand, and accept the rules, and regulations as stated in the Student Code of Conduct written above.

I understand that if I violate any rules, regulations, policies, and code of conduct, may cause me to be dismissed from the program.

Student Signature _____ Date _____



Release of Liability Form

For: Phlebotomy / Medical Assistant / EKG Technician / Patient Care Assistant

The purpose of this document is to limit the amount of liability MedTech Health Academy holds regarding phlebotomy and medical practices held at the school.

I UNDERSTAND AND ACKNOWLEDGE that, as part of the instruction, I may be asked to perform phlebotomy and finger stick procedures or that another student may be asked to practice these procedures on me. I also understand and acknowledge that these activities might, under some circumstances, pose certain health-related risks.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE MedTech Health Academy, its officers, directors, board members, agents, servants, employees, assigns, successors, or students of MedTech Health Academy, from any and all liability, claims, demands, actions or causes of action arising out of any damage, loss or injury to myself or property while enrolled at MedTech Health Academy and participating in the activities contemplated by this RELEASE, whether such loss, damage, or injury is caused by the negligence of the school, its officers, agents, servants, employees, assigns, successors, or students of the school. I hereby assume full responsibility for and risk of bodily injury, death, or property damage that I suffer while performing phlebotomy or basic medical procedures from the school, clinical site, or from any person involved, employed, or representing the Phlebotomy/Medical Assistant Program and participating in the activities contemplated by this release, caused by the negligence of the school, its officers, directors, agents, servants, employees, assigns, or successors, or students of MedTech Health Academy.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. Further to what I have read and that I understand this release of liability agreement that I have been given an opportunity to ask any questions I might have had, and that those questions have been answered in a satisfactory manner. I also understand that I am free to withdraw my consent to the procedures at any time.

Student Name (Print): _____ **Date of Birth:** _____

Student Signature: _____

"Licensed by the Mississippi Commission on Proprietary School and College Registration, Certificate No.731. Licensure indicates only that minimum standards have been met; it is not an endorsement or guarantee of quality. Licensure is not equivalent to or synonymous with accreditation by an accrediting agency recognized by the U.S. Department of Education."

For Office Use

___ Student paid registration fee ___ Student paid tuition in full ___ Student paid down payment.

___ Copy of valid ID ___ Copy of Diploma/GED/Transcript

Payment type: ___ Debit/Credit ___ Student Loan ___ After pay ___ WIOA ___ Third Party/Check ___ Other _____

Admission Status ___ APPROVED ___ DENIED

DENIAL REASON: _____

School Official Signature: _____ **Date** _____



MedTech Health Academy
A l l i e d H e a l t h