

STUDENT ENROLLMENT AGREEMENT

INTERNATIONAL BARTENDING SCHOOL

1900 Greentree Road Ste. 10 Cherry Hill NJ 08003

856-665-8900 aaabartend@verizon.net

Permanent Receipt

Student Information

Name _____ Student# _____

(Last) (First) (M I)

Address _____

(Street) (City) (State) (Zip)

Cell () _____ Other () _____

Date Of Birth _____ Age _____ SS# _____ Email _____

Course Information

The INTERNATIONAL BARTENDING SCHOOL agrees to enroll the above named individual in its Bartending/Mixology Course, and to provide all 40 hour graduates with a State Approved Certificate of Completion upon successful completion. Graduates of our 20 Hour program will receive the IBS certification.

TWO WEEKEND 40 HOUR SAT&SUN 2 WEEKENDS 8:30AM-6:30PM	Start	End
ONE WEEKEND 20 HOUR SAT & SUN 1 WEEKEND 8:30AM-6:30PM	Start	End
DAY.....40 HOUR MON-FRI 1 WEEK 9AM-5PM	Start	End
DAY.....20 HOUR MON-FRI 1 WEEK 9:30AM-1:30PM	Start	End
DAY.....40 HOUR MON-FRI 2 WEEK 9:30AM-1:30PM	Start	End
EVENING.....20 HOUR MON-FRI 1 WEEK 6PM-10PM	Start	End
EVENING.....40 HOUR MON-FRI 2 WEEK 6PM-10PM	Start	End

Cancellation and Refund Policy

1. A student who has signed an Enrollment Agreement or who has registered by phone with a debit/credit card and has made an initial payment of \$100, may cancel their enrollment and receive a full refund, less a \$25 Application Fee. To receive a refund, cancellation Must be made within 3 business days after registering and the student has not already began class.
2. If a student terminates his training or is dismissed by the school, after the first day of class, the tuition will be retained on a weekly basis.
3. The school will issue refunds within 30 days of cancellation/termination, after receipt of written notice of withdrawal prior to completion of the program.
4. I agree to maintain regular attendance and to abide by the rules and regulations of the school. Violation of school rules, policies, and regulations may be subject to dismissal.
5. The school Certificate of Completion in Bartending/Mixology will not be issued unless all requirements, including payment of fees, have been met.

Student Placement The school cannot guarantee employment, however, at the request of the student, the school will assist each State Approved graduate with job placement referrals.

Method Of Payment \$ _____ Full Payment

\$ _____ Registration payment, with a balance of \$ _____ to be paid by starting date, or school's discretion.

Received _____ on _____ \$ _____

By: Cash Check Credit/Debit Card

Date: _____ Applicant X _____ School Official _____ Title _____

"In the event of an unannounced school closure, students enrolled at the time of the closure must contact the Department of Labor and Workforce Development's Training Evaluation Unit within ninety (90) calendar days of the closure. Failure to do so within the ninety (90) days may exclude the student from any available form of assistance. The contact number to call is (609) 292-4287."