

# **ENROLLMENT CONTRACT**

ALEXANDER TECHNIQUE TRAINING CENTER, 701 BEACON STREET, NEWTON, MA. 02459.

WEBSITE: [WWW.ATTCBOSTON.COM](http://WWW.ATTCBOSTON.COM) . EMAIL: [RUTHATTC@YAHOO.COM](mailto:RUTHATTC@YAHOO.COM) . PH: (617) 641-0048

STUDENT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COURSE: ALEXANDER TECHNIQUE / ( ID AT 1)

ENTRANCE REQUIREMENTS: STUDENT MUST HAVE HAD 15 PRIVATE LESSONS PRIOR TO ENROLLMENT.

PERIOD BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED: ONCE CLASSES BEGIN.

CLOCK HOURS: 16 HOURS PER WEEK / 35 WEEKS PER YEAR / 3 YEARS.

DATE COURSE STARTS: \_\_\_/\_\_\_/\_\_\_

DATE COURSE ENDS: \_\_\_/\_\_\_/\_\_\_

TUITION FEE: \$\_\_\_\_\_ BOOKS: \$\_\_\_\_\_ SUPLIES: \$\_\_\_\_\_

OTHER CHARGES: \$\_\_\_\_\_ TOTAL CHARGES: \$\_\_\_\_\_ DISCOUNTS: \$\_\_\_\_\_

ADJUSTED TOTAL CHARGES: \$\_\_\_\_\_

ESTIMATE OF ADDITIONAL EXPENSES TO BE INCURED BY STUDENT: MASSAGE TABLE \$\_\_\_\_\_

STUDENT'S METHOD OF PAYMENT:

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK

---

---

## **REFUND POLICY (AS PER M.G.L. CHAPTER 255, SECTION 13K)**

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.

5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.

6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.

7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five per cent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.

8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.

9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Administrative Costs: \$50

I, as a trainee, will not undertake to teach the Alexander Technique, nor present myself as a teacher of the Alexander Technique until I have received my certificate of completion. I also agree to abide by the General Rules as stated in the Student Handbook.

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initiating my choice:

hard copy  USB drive  read-only CD-Rom  send via email  
 I will download the catalogue and policies from the school's website  
[www.attcboston.com](http://www.attcboston.com).

Student Initials

\_\_\_\_\_ I understand this contract will not be in force and effect until signed by both myself and a school representative.

\_\_\_\_\_ I have received a copy of the school's complaint procedures policy.

\_\_\_\_\_ I understand the refund policy as stated above.

\_\_\_\_\_ I understand the coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

THIS SCHOOL IS LICENSED BY THE MASSACHUSETTS DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION, OFFICE OF PROPRIETARY SCHOOLS. ANY COMMENTS, QUESTIONS, OR CONCERNS ABOUT THIS SCHOOL'S LICENSE SHOULD BE DIRECTED TO [proprietaryschools@doe.mass.edu](mailto:proprietaryschools@doe.mass.edu) or 781-338-6048.

**STUDENT'S SIGNATURE:**

**DATE:** \_\_\_\_\_

**PRINT STUDENT'S NAME:**

\_\_\_\_\_

**IF THE STUDENT IS UNDER THE AGE OF 18,  
PARENT/GUARDIAN**

**DATE:** \_\_\_\_\_

**PRINT PARENT/GUARDIAN'S NAME:**

\_\_\_\_\_

**SCHOOL OFFICIAL'S SIGNATURE:**

**DATE:** \_\_\_\_\_

**PRINT SCHOOL OFFICIAL'S NAME:**

\_\_\_\_\_

I, THE STUDENT, HAVE RECEIVED A COMPLETE AND SIGNED COPY OF THIS AGREEMENT ON DATE:

\_\_\_\_\_  
\_\_\_\_\_ (STUDENT'S INITIALS)