Attached is the Enrollment Agreement for OXARC’s School of Welding. This Agreement needs to be returned to the Student Services Coordinator prior to starting one of the welding courses. This Agreement does not guarantee placement in one of OXARC’s courses. Students may not start a welding course until full payment has been received.

*A completed and countersigned Enrollment Agreement will be returned for your records.*

Please fill out the area indicated and return form by mail, fax or email to:

**Mail:** OXARC  
PO Box 2605  
Spokane WA 99220  
ATTN: Heather Schimke

**Fax:** 509-536-8965

**EMAIL:** hschimke@oxarc.com
OXARC, Inc.
Welder Training Program
ENROLLMENT AGREEMENT

APPLICANT INFORMATION

Last Name                                  First Name                                              M.I.  Social Security Number

Address:
Street/Apt#                                         Street Name                                           City                                                  State                                  Zip

Telephone:
Home Number                                         Emergency Number                                      EMAIL

TUITION AND FEES

COURSE:  Clock Hours:
COURSE:  Clock Hours:
COURSE:  Clock Hours:
COURSE:  Clock Hours:

Registration Fee: $ 0.00

METHOD OF PAYMENT

Tuition: $ Check
Tools: $ Included Credit/Bank Card
Certifications: $ Included Cash
TOTAL COST: $ WorkSource
Other Veterans

ATTENDANCE SCHEDULE INFORMATION

Classes are taught Monday through Thursday, 7:00a.m. to 3:00p.m.; Friday 7:00a.m. to 11:30a.m.(Pasco only)

Hours Scheduled: Per Week: Total Weeks: Schedule:

Expected Dates: Start Date: Completion Date:

Courses are expressed in clock hours. One clock hour consists of 50 minutes of instruction within a 60-minute period.

CONTRACTUAL OBLIGATIONS - Cancellation and Refund Policy for Non-VA Students

This Refund Policy is for any individual course, taken by an individual. When refunds are made, they are distributed first to the funding source providing the tuition payment.

1. The school must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.

2. The school must refund all money paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.

3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A “registration fee” is any fee charged by a school to process student applications and establish a student record system.

4. If training is terminated after the student enters classes, the school may retain the registration fee, plus a percentage of the total tuition as described in the following table:

<table>
<thead>
<tr>
<th>If the student completes this amount of training:</th>
<th>The school may keep this percentage of the tuition cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One week or up to 10%, whichever is less</td>
<td>10%</td>
</tr>
<tr>
<td>More than one week or 10% whichever is less but less than 25%</td>
<td>25%</td>
</tr>
<tr>
<td>25% through 50%</td>
<td>50%</td>
</tr>
<tr>
<td>More than 50%</td>
<td>100%</td>
</tr>
</tbody>
</table>

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:
- When the school receives notice of the student’s intention to discontinue the training program; or,
- When the student is terminated for a violation of a published school policy which provides for termination; or,
- When a student, without notice, fails to attend classes for thirty calendar days.

6. All refunds must be paid within thirty calendar days of the student’s official termination date.
OXARC School of Welding is licensed under Chapter 28C.10 RCW; inquiries or complaints regarding this or any other private vocational school may be made to the: Workforce Board, 128 Tenth Avenue SW, PO Box 43105, Olympia, Washington 98504-3105; Phone: 360-709-4600; email: pvsa@wcb.wa.gov; web:wcb.wa.gov. Selected programs of study at OXARC are approved by the Workforce Training and Education Coordinating Board’s State Approving Agency (WTECB/SA) for enrollment of those eligible to receive benefits under Title 38 and Title 10, USC.
Enrollment Agreement

OXARC, Inc.
Welder Training Program

Student #: _____

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Birthdate (mo/d/yr)</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Address:

<table>
<thead>
<tr>
<th>Street/Apt#</th>
<th>Street Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Telephone:

<table>
<thead>
<tr>
<th>Home Number</th>
<th>Work Number</th>
<th>Message Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Education: (Check all that apply)

- [ ] GED
- [ ] High School
- [ ] College
- [ ] Trade:

Current Employment:

Name and Address of Current Employer:

In Case of Emergency:

Name: ____________________________
Address: ________________________
Phone: ________________________
Relationship: __________________

☐ New Student
☐ Returning Student

Class Dates: ____________ thru ____________
Class Times: ________________________
Total Hours: ________________________
Instructor: ________________________

Registration Fee: $0.00
Tuition: $______
TOTAL COST: $______

Payment Method:

- [ ] Cash
- [ ] Credit Card
- [ ] Check
- [ ] Government Invoicing

Funding Agency: N/A

Contact Name: ________________________
Phone Number: ________________________
PO# / File #: ________________________

☐ Corporate Invoicing

Contact Name: ________________________
Phone Number: ________________________

Enrollment by Segment:

- [ ] OXARC Employee
- [ ] Private
- [ ] Government Employee
- [ ] WorkSource / VA / DSHS
- [ ] ________________

Course Selection:

- [ ] Beginner / Entry-Level Welding
- [ ] Intermediate Welding
- [ ] Advanced Welding
- [ ] Advanced Welding II

Company: ________________________
(Address): ________________________

Enrollment Agreement
rev. 2019
NOTICE

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. The school must attach one copy of this notice bearing original signatures as an addendum to that individual’s Enrollment Agreement and/or training contract and a facsimile thereof or a second signed copy must be provided to the enrollee by the school together with his/her copy of that contract / agreement.

ACKNOWLEDGEMENT BY THE SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears below, has been made aware of the legal obligations he / she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his / her chosen occupation.

Signed: 
Title: Student Services Coordinator
Dated this ______________ day of ___________ 20___

ACKNOWLEDGEMENT BY ENROLLEE

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.

2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.

3. I understand that any enrollment contract I enter into shall not be binding or take effect for at least five (5) days, excluding Sundays and Holidays, following the last date such a contract is signed by the school and myself, provided that I have not entered classes sooner.

Signed: X
Dated this __________ day of __________ 20___
HOW TO FILE A COMPLAINT
Washington law requires private vocational schools to inform students how to file a complaint. By signing this form you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with information about the complaint process.

DISCUSSION ABOUT COMPLAINT POLICY REQUIRED
First, a school representative must discuss the school’s complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT

1. The school has described the grievance and/or complaint policy to me.
2. I understand that the policy can also be found in the school catalog.
3. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
4. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: http://wtb.wa.gov/PCS_Complaints.asp.
5. I understand that I have one year to file a complaint from my last date of attendance.
6. I further understand that in the event of a school closure, I have 60 days to file a complaint.
7. I also understand that complaints are public records.
8. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at http://wtb.wa.gov/PCS_Complaints.asp

Name: _______________________________ Signature: __________________________________
Date: ___________, 20__

ACKNOWLEDGMENT BY SCHOOL
Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school’s complaint policy.

Name: Heather Schimke ____________ Signature: __________________________________
Title: Student Services Coordinator
Date: ______________, 20______
Please check any that apply to you:

1. GENDER: ( ) Male ( ) Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b.)
   a. Hispanic or Latino? ( ) Yes ( ) No
   b. Racial Background – (Non-Hispanic)
      ( ) American Indian/Alaska Native
      ( ) Asian, Asian American
      ( ) Black, African American
      ( ) Hawaiian/Pacific Islander
      ( ) White/Caucasian
      ( ) 2 or more races, Non-Hispanic

3. VETERAN STATUS
   ( ) Vietnam Era Veteran - If you had 6 mo. active service, any of which was in Vietnam between February 28, 1961 and May 7, 1975, or between August 8, 1964 and May 7, 1975 in all other cases.

   ( ) Special Disabled Veteran - If you are or would be entitled to compensation under the VA for disability of 30% or more, or over 10% if you have a serious employment handicap as determined by the VA, or were discharged or released because of a service-connected disability.

   ( ) Other Eligible Veteran - If you served on active duty during a war or in a campaign for which a campaign badge is authorized, or served as a member of a reserve component under an order of active duty.)

4. HANDICAPPED OR DISABILITY STATUS
   ( ) Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment.
PLEASE READ CAREFULLY BEFORE SIGNING

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

WAIVER: In consideration of being permitted access to the OXARC, Inc. Welding Facility, I, for myself, my heirs, personal representative or assigns do hereby release, waive, discharge, and covenant not to sue, OXARC, Inc., their officers, employees and agents from liability from any and all claims due to negligence or accident resulting in personal injury or illness (including death), and property loss arising from my use of the facility.

ASSUMPTION OF RISK: Use of the welding facilities carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, burns and concussions, to 3) catastrophic injuries including paralysis and death.

I HAVE READ THE PREVIOUS PARAGRAPH AND I KNOW, UNDERSTAND, AND APPRECIATE THESE AND OTHER RISKS THAT ARE INHERENT. I HEREBY ASSERT THAT MY USE OF THE WELDING FACILITIES IS AT MY REQUEST AND I KNOWINGLY ASSUME ALL RISKS.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to INDEMNIFY AND HOLD HARMLESS OXARC, Inc., and their officers, employees and agents from any and all claims, action, suits, procedures, costs, expenses, damage, and liabilities, including attorney’s fees brought as a result of my use of the Welding Facilities.

SEVERABILITY: The undersigned further expressly agrees that the foregoing waiver and assumed risk agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Washington, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this waiver of liability, assumption of risk, and indemnify, fully understand its terms, and understand that I am giving up my rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to a complete and unconditional release of liability, to the greatest extent allowed by law.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
</tr>
</thead>
</table>

Date | Date of Birth |