

OXARC School of Welding  
Spokane, Washington  
Pasco, Washington  
800-765-9055

# OXARC®

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## WELDING SCHOOL

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](mailto:hschimke@oxarc.com)

**OXARC, Inc.**  
**Welder Training Program**  
**ENROLLMENT AGREEMENT**

Student #: \_\_\_\_\_

**APPLICANT INFORMATION**

**STATUS:**  Applicant  Re-Entry

Last Name	First Name	M.I.	Social Security Number		
<b>Address:</b>					
Street/Apt#	Street Name	City	State	Zip	
<b>Telephone:</b>					
Home Number	Emergency Number		EMAIL		

**TUITION AND FEES**

COURSE: _____	Clock Hours: _____

Registration Fee:	\$ 0.00
Tuition:	\$ _____
Tools:	\$ Included
Certifications:	\$ Included
<b>TOTAL COST:</b>	<b>\$ _____</b>

**METHOD OF PAYMENT**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit/Bank Card
<input type="checkbox"/> Cash	<input type="checkbox"/> Government/Corp.
<input type="checkbox"/> WorkSource	<input type="checkbox"/> Veterans
<input type="checkbox"/> Other	

**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:

If the student completes this amount of training:	The school may keep this percentage of the tuition cost:
One week or up to 10%, whichever is less	10%
More than one week or 10% whichever is less but less than 25%	25%
25% through 50%	50%
More than 50%	100%

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.

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

OXARC agrees that if a veteran student fails to enter the course, withdraws, or is discontinued at any time prior to completion of the course, the unused portion of paid tuition, fees and other charges will be refunded or the debt for such tuition, fees and other charges will be canceled on a prorated basis, as follows:

1. Registration Fee. An established registration fee in an amount not to exceed \$10 need not be subject to proration. Where the established registration fee is more than \$10, the amount in excess of \$10 will be subject to proration. OXARC currently does not have a registration fee.
2. Breakage Fee. Where the school has a breakage fee, it may provide for the retention of only the exact amount of breakage, with the remaining part, if any, to be refunded. OXARC currently does not have a breakage fee.
3. Consumable Instruction Supplies. Where OXARC makes a separate charge for consumable instruction supplies, as distinguished for laboratory fees, the exact amount of the charges for supplies consumed may be retained by any remaining part must be refunded.
4. Books, Supplies and Equipment. (a) OXARC will make a refund in full for the amount of the charge for unissued books, supplies and equipment when: (1) The school furnishes the books, supplies and equipment; (2) The school includes their costs in the total charge payable to the school for the course; (3) The veteran or eligible person withdraws or is discontinued before completing the course. (b) The veterans or eligible person may dispose of issued items at his or her discretion even if they were included in the total charge payable to the school for the course.
5. Tuition and Other Charges. Where the school either has or adopts an established policy for the refund of the unused portion of tuition, fees and other charges subject to proration, which is more favorable to the veteran or eligible person than the approximate pro rata basis as provided in this subparagraph, such established policy will be applicable. Otherwise, the school may charge a sum which does not vary more than 10% from the exact pro rata portion of such tuition, fees, and other charges that the length of the completed portion of the course bears to its total length. The exact proration will be determined on the ratio of the number of days of instruction completed by the student to the total number of instructional days in the course.
6. Prompt Refund. In the event that the veteran, spouse, surviving spouse, or child fails to enter the course, or withdraws, or is discontinued there from at any time prior to completion of the course, the unused portion of tuition, fees and other charges paid by the individual shall be refunded promptly. Any institution which fails to forward any refund due within 30 days after such a change shall be deemed, prima facie, to have failed to make a prompt refund, as required by the subparagraph.

Notice to Buyer: Do not sign this agreement before you read it in its entirety or if it contains any blank spaces. I understand that this agreement constitutes a legal binding contract between me and the school only when it has been fully completed, signed and dated by myself and the School Director or Student Services Coordinator prior to the time instruction begins. I certify that (1) I have read and understand the Cancellation and Refund Policy and the complaint procedure, and (2) I have received a copy of the school catalog or brochure, and (3) I am entitled to an exact copy of this Enrollment Agreement, school catalog, or any other paper I may sign. I hereby agree to abide by the conditions set forth herein.

If you have not started training, you may cancel this contract by providing written notice of such cancellation to the school and its address shown on the contract. The notice must be postmarked not later than midnight of the fifth business day (excluding Sundays and Holidays) following your signing this contract or the written notice may be hand delivered to the school within that time. In the event of a dispute over timely notice, the burden to prove service rests on the applicant.

I further understand that upon completion of the program, I am not guaranteed placement assistance or employment. Upon successful completion of the program, I will receive a Certificate of Completion.

Unfair Business Practices: Any changes in this agreement shall not be binding on either myself or the school unless such changes have been acknowledged in writing to the School Director or Student Services Coordinator and by myself or my parent or guardian if I am a minor. It is considered an unfair business practice for the school to sell, discount or otherwise transfer this agreement without the signed written consent of the student or his/her financial sponsors and a written statement notifying all parties that the Cancellation and Refund Policies continue to apply.

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@wtb.wa.gov; web:wtv.wa.gov. Selected programs of study at OXARC are approved by the Workforce Training and Education Coordinating Board’s State Approving Agency (WTECB/SAA) for enrollment of those eligible to receive benefits under Title 38 and Title 10, USC.

X	STUDENT NAME (please print)	DATE
X	STUDENT SIGNATURE	DATE

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

**Heather Schimke**  
 \_\_\_\_\_  
 AUTHORIZED SCHOOL REPRESENTATIVE (please print) DATE

\_\_\_\_\_  
 AUTHORIZED SCHOOL REPRESENTATIVE DATE

# OXARC, Inc. Welder Training Program

Student #: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Birthdate (mo/d/yr) Social Security Number

**Address:**

\_\_\_\_\_  
Street/Apt# Street Name City State Zip

Telephone: ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
Home Number Work Number Message Number

**Education:** (Check all that apply)  GED  High School  College Trade: \_\_\_\_\_

**Prior Welding Experience:** \_\_\_\_\_

**Current Employment:**

Name and Address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

**In Case of Emergency:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

- New Student  
 Returning Student

**Enrollment by Segment:**

- OXARC Employee  
 Private  
 Government Employee  
 WorkSource / VA / DSHS  
 \_\_\_\_\_

Class Dates: \_\_\_\_\_ thru \_\_\_\_\_  
Class Times: \_\_\_\_\_  
Total Hours: \_\_\_\_\_  
Instructor: \_\_\_\_\_

**Course Selection:**

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

Registration Fee: \$ 0.00  
Tuition: \$ \_\_\_\_\_  
TOTAL COST: \$ \_\_\_\_\_

**Payment Method:**

- Cash  Credit Card  Check  
 Government Invoicing

Funding Agency: \_\_\_\_\_ N/A

Contact Name: \_\_\_\_\_

\_\_\_\_\_  
(Address)

Phone Number: \_\_\_\_\_

PO# / File #: \_\_\_\_\_

- Corporate Invoicing

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

\_\_\_\_\_  
(Address)

Phone Number: \_\_\_\_\_

**OXARC, Inc.**  
**Welder Training Program**  
**3417 E. Springfield, Spokane WA 99202**  
**716 S. Oregon Avenue, Pasco WA 99301**

**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\_\_

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**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](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](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\_\_\_\_

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**State Licensing Survey Data**

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.

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716 S Oregon Avenue, Pasco Washington

**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.

Printed Name	Signature
Date	Date of Birth