

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



Below 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 areas 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)

**ENROLLMENT AGREEMENT**

**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		Work Number		Emergency Number	

**TUITION AND FEES**

COURSE: _____	Clock Hours: _____
COURSE: _____	Clock Hours: _____
COURSE: _____	Clock Hours: _____
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., and Friday 7:00a.m. to 11:30a.m.

Hours Scheduled:	Per Week: <u>32</u>	Total Weeks: _____	Schedule: <u>M-Th:7:00-3:00/Fr:7:00-11:30</u>
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 CONTINUING EDUCATION COURSES OF 24 CONTRACT HOURS OR MORE**

This Refund Policy is for any individual course exceeding 24 contract hours, taken by an individual. When refunds are made, they are distributed first to the funding source providing the tuition payment.

**Full Refund Before Beginning The Course:**

1. if the applicant is not accepted for admission; or
2. if the applicant cancels this agreement by written notice not later than midnight of the fifth business day (excluding Sundays and Holidays) after signing the Enrollment Agreement or making an initial payment, provided that the applicant has not commenced training; or
3. the school cancels the program due to insufficient enrollment.

**Partial Refund After Beginning The Course:**

1. if the student completes one week, or up to 10% of the contracted instructional time, whichever is less, the school will retain 10% of the tuition cost; or
2. if the student completes more than one week or 10%, whichever is less, but less than 25% of the contracted instructional time, the school will retain 25% of the tuition; or
3. if the student completes 25% to 50% of the contracted instructional time, the school will retain 50% of the tuition; or
4. if the student completes more than 50% of the contracted instructional time, the school will retain the full tuition cost; no refunds will be made to the student.

**No Refund:**

If termination or withdrawal occurs after completing 50%, or more, of the contracted instructional time, the school will retain the full contracted instructional cost.

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

**CONTRACTUAL OBLIGATIONS**

**Cancellation and Refund Policy**

**FOR CONTINUING EDUCATION COURSES OF 24 CONTRACT HOURS OR LESS**

Partial Single Course Refund:

If termination or withdrawal occurs within the first 50% of the course, the school will retain 50% of the tuition charge.

No Refund:

If termination or withdrawal occurs after the first 50% of the course, the school will retain 100% of the tuition charge.

Material Costs:

As no additional charges are assessed for textbooks or materials, there are no refunds made for textbooks or materials once they have been purchased and/or distributed.

Refunds:

All refunds due will be made within 30 days of the date that the student is determined to be withdrawn canceled or terminated from OXARC, Inc.

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: pvs@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.

\_\_\_\_\_  
STUDENT NAME (please print) DATE

\_\_\_\_\_  
STUDENT SIGNATURE DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE PAYER 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**  
**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\_\_

**Student Enrollment Data Sheet**

\_\_\_\_\_

Last Name	First Name	Birthdate (mo/d/yr)	Social Security Number
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**Address:**

\_\_\_\_\_

Street/Apt#	Street Name	City	State	Zip
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Telephone: ( ) \_\_\_\_\_

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

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

Home Number

Work Number

Message Number

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

**Course Selection:**

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

**Payment Method:**

- Government Billing
- Cash
- Check
- Credit Card
- WorkSource / VA / DSHS
- \_\_\_\_\_

**Class Information:**

Total Tuition: \$ \_\_\_\_\_

Total Hours: \_\_\_\_\_

Instructor: \_\_\_\_\_

Class Dates: \_\_\_\_\_ thru \_\_\_\_\_

Class Times: Mon-Thurs.: 7:00 – 3:00

Fri.: 7:00 – 11:30

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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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**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