

STUDENT ENROLLMENT AGREEMENT

THIS STUDENT ENROLLMENT AGREEMENT is between Sadia Naebkhel Makeup Artist/Hairstylist, at iMagic Beauty and:

Student's Name:

_____ Student's Address: _____

Cell: _____ Home: _____

Work: _____

E-Mail: _____

iMagic Beauty

acknowledging that you have been given reasonable time to read and understand it's contents. This Agreement also constitutes that the refund policy and a description of the course is as currently posted on the website of iMagic Beauty.

Student's Name To Appear On Certificate of Completion: _____

ON THIS _____ day of _____, 20____, student has agreed to pay the sum of \$ _____ to iMagic Beauty.

FUNDAMENTAL Makeup or Hair Training Program, which is scheduled on: _____ to _____
__20__.

Tuition Fee of: _____

I UNDERSTAND that the Advanced Makeup Training Program will cover the instruction of a customized program of student's choices.

I UNDERSTAND Students must bring in their own live model(s) to class per instructor's PRIOR approval.

I UNDERSTAND that there is a \$100 **non-refundable deposit** for registration into this training program.

I UNDERSTAND that the \$100 non-refundable deposit will be deducted from tuition fee.

I UNDERSTAND that student must prove an emergency situation which prevented her/him from attending class as scheduled if tuition is to be transferred to another training class at a later date per student's choice of one of two classes offered. This choice may end up with student having to clear her/his schedule in order to accommodate the training dates. Failure to do so may result in complete forfeiture of student tuition.

I UNDERSTAND that each "Fundamental Program" student must complete work on live models, and attend their minimum scheduled classroom hours.

I UNDERSTAND that student must exhibit mature, respectful and appropriate conduct at all times during class hours or may be subject to termination from training program and forfeit entire tuition.

I UNDERSTAND that my signature below certifies that I have read, understand and agree to my rights and responsibilities; and that the training program, non-refundable deposit/tuition, cancellation and refund policies have been clearly explained to me and/or clearly understood by me; and that I have had an opportunity to ask any questions prior to the signing of my signature below.

Student Signature: _____

Student Name: _____

Instructor Signature: _____

Instructor Name: _____

Date: _____ Date: _____

Date: _____ Date: _____