

Adamas School of Homeopathy

Registration Form - First Year Tuition

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Tuition for First Year

OPTION 1: Paid in Full	\$4,815	\$ _____
OPTION 2: 3 Payments of \$1738, 1 st payment due at sign-up, then 1 st of each consecutive month	\$5215	\$ _____
OPTION 3: 10 Payments of \$561, 1 st payment due at sign-up, then 1 st of each consecutive month	\$5615	\$ _____

Non-Refundable Registration fee upon enrollment: \$225.00

\$50 Discount if tuition paid in full only, via check, cash, Venmo or Zelle - \$ _____
TOTAL\$ _____

Method of Payment

Please check: MasterCard Visa Personal Check Venmo Zelle PayPal Cash

Credit Card #: _____ / _____ / _____ / _____ Exp. Date: _____ / _____ CVV# _____

Signature: _____

Terms and conditions:

If you choose option 2 or 3 your credit card it will be billed automatically on the first of each month, in addition you will be charged a cc 3% fee. Any online transaction fees are the responsibility of the student and will be deducted from tuition paid. When using PayPal or Venmo, please ensure you pay as a friend to avoid extra fees. If not, be sure to include the applicable transaction fees in your tuition payment.

Tuition needs to be paid in full by Schools year end or by the 10th month from when you started.

Complete payment must be made for Advancement to Years 2 & 3.

Initial Below:

Tuition Policy: Option 1, 2 or 3 Tuition covers the full school year. No refund is given for missed or cancelled sessions. Tuition must be paid in full by the end of the school year or within 10 months from the start date. Accounts not paid in full will be sent to a collection agency.

Student withdrawal: To withdraw, written notice must be sent via email or USPS to the administration. Refund eligibility depends on the time of withdrawal and access to coursework, as outlined in the refund policy.

Student Refund Policy:

- Full tuition refund (minus \$225 registration fee) if canceled before accessing any coursework.
- No refund after the third month/session of coursework is accessed regardless of payment plan used
- Students joining Track A after the start of the school year will be held to the same refund schedule above, regardless of start date, or access to course work.
- **Expulsion Policy:** If a student is **expelled** for any reason, **no refund** will be issued.
- Track A before November 1st or Track B before the access to the third session, 50% refund if withdrawal occurs before accessing the third month/session of coursework or completing two sessions, whichever comes first.
 - a. Payment Options 1 = 50% refund
 - b. Payment Options 2 = A refund of 50% of the first two payments **only if all payments were received on time.**
 - c. Payment Options 3 = no refund

You can register by sending in your Registration form along with payment:

Mail: 13323 West Washington Blvd, Suite 202 Adamas (aka LA) School of Homeopathy, CA 90066

Email: info@lahomeopathicschool.com

Adamas School of Homeopathy

Tuition for First Year: Track A or B which Includes: \$4,815

- 10 Class Sessions with monthly Accountability meetings
- Repertory Workshop
- Prep Exam Workshop
- Malpractice/liability insurance fee
- Online Technology fee
- Library & Class Recordings

Fees: The fees below are not included in your tuition:

- Application fee (non-refundable, one time, applied to first year) \$225
- Credit card payment fees:
 - 3% charge to all payments made by credit card
- Online transaction fees:
 - Any extra fees from online payments, will be charged to the student

Do you need to discuss your financial needs with the school?

Yes _____ No _____

Tuition needs to be paid in full by School's year end, including any credit card fees, late library fees or online transaction fees accrued.

Acknowledgment of Terms:

By signing this agreement, I acknowledge that I have read, understood, and agree to the terms, conditions, and policies outlined herein, as well as those on the Student Registration & Readiness Questionnaire forms. I agree to pay the tuition fees in a timely manner to participate in the Adamas (aka LA) School of Homeopathy.

Signature: _____ **Date:** _____

For office use only:

Method of Payment	Cash	Check	Credit Card
Paid in full			
Three payment plan			
Monthly payment plan			

Consultation	Date	Student Name

You can register by sending in your Registration form along with payment:

Mail: 13323 West Washington Blvd, Suite 202 Adamas (aka LA) School of Homeopathy, CA 90066

Email: info@lahomeopathicschool.com

Adamas School of Homeopathy

Application Form

All information is held in strict confidence.

Please print clearly.

Name: _____ Date of Application _____

Date of Birth: mm/dd/yy: ____ / ____ / ____ Social Security: ____ / ____ / ____

Place of employment: _____

How did you hear about Adamas (AKA LA) School of Homeopathy? _____

Getting to Know You:

Previous and current education and work experience: _____

How did you first learn about homeopathy? _____

Homeopathic education and experience: _____

What do you wish to gain from this course? _____

What do you see as the ideal homeopathic training for you and why? _____

What do you wish for once you have graduated from our school program? _____

Are you currently enrolled or transferring from another homeopathic school? If yes, please state which one and why.

You can register by sending in your Registration form along with payment:

Mail: 13323 West Washington Blvd, Suite 202 Adamas (aka LA) School of Homeopathy, CA 90066

Email: info@lahomeopathicschool.com

Adamas School of Homeopathy

Other Comments: _____

Reference: Please list 2 professional references and Phone numbers: (NO Family Members!)

Have you seen a professional homeopath for treatment? _____

Track A: Are you willing to do 20 hours of homework per month, send in all assignments and attend each class? _____

Track B: Are you willing to do 20 hours of homework per month, send in all assignments and commit to watching the class session each month (approx. 12 hours recording)? _____

Track B: Are you willing to commit to meeting your Accountability Supervisor for one 20-minute meeting a month outside of class time? _____

I have read and agree to the terms and conditions in the student Application form

Signature: _____ **Date:** _____

I (Please Print) _____ **state the above is all true and correct according to my knowledge.**

Keep a copy for your records, please send to the address below, scan or email to info@lahomeopathicschool.com Once you have been accepted into the school program, and you have access to canvas, please upload this document to canvas under registration form assignment.

You can register by sending in your Registration form along with payment:
Mail: 13323 West Washington Blvd, Suite 202 Adamas (aka LA) School of Homeopathy, CA 90066
Email: info@lahomeopathicschool.com