



Student Payment Agreement

I _____ understand that as a student of PREMIER HEALTH CARE ACADEMY & SCHOOL OF NURSING L.L.C. payment for the nurse aide training program is due every Monday no later than 5pm. I understand that my tuition is divided among the number of weeks my classes are conducted. I understand that there is a late fee associated with each week I am late. If I am delinquent on payment prior to my clinical rotation, I understand I will not be able to attend clinical and/or take the final exam. I understand I will have to sit out of class, will not be eligible to graduate with my class, and will have to attend the next rotation of clinicals, if there is space for me in that class. I understand that all arrangements for clinical make up must be arranged with the director and clinical instructor prior to completing the clinical makeup portion. I understand I am not to contact the nursing home facility and arrange clinicals on my own.

I agree to all the above payment and clinical makeup guidelines and promise to adhere to them. I understand that not adhering to them can result in my inability to graduate from the program.

Student name: _____ Date: _____

Student Signature: _____