

Cancellation of Enrollment Agreement

LAST NAME	FIRST NAME	EMAIL ADDRESS
MAILING ADDRESS	CITY/STATE/ZIP	PHONE NUMBER

Cancellation Policy

The student may cancel their enrollment not later than three days after signing the enrollment agreement and is eligible for a refund of all monies paid for tuition and fees within 15 days of the cancellation request. Students who cancel after the three-day cancellation period are subject to the refund policy.

All cancellation forms must be returned to the Perry Foundation Academy of Health using one of these methods:

- 1) Email to the Executive Administrator at Devan@PerryFoundationNV.org.
- 2) In person or by mail to the Perry Foundation Academy of Health, 2920 N. Green Valley Pkwy, #712, Henderson, NV, 89014.
- 3) Fax: (775) 243-4630

I wish to cancel my Enrollment Agreement with the Perry Foundation Academy of Health. I understand that cancellation after three business days from the date of the Enrollment Agreement is subject to the Perry Foundation Academy of Health's refund policy which can be found in the Student Catalog.

 Signature of Student or Guardian Date

 Signature of School Representative Date

For official use only

Deposit made: \$ _____

Refund issued: Date _____ Check # _____