



ARIZONA ARTS ACADEMY

9502 S. Hwy 92
Hereford, AZ 85615

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520-210-5400
www.azarts.academy

30-Day Trial Agreement

Student Name (printed): _____

I, _____ (printed name), the parent/guardian of the above named student, accept the 30-day trial condition for my student to attend Arizona Arts Academy. If in those 30-days, the parent/guardian or Arizona Arts Academy feels this is not a good fit for the student or the school, either party reserves the right to discontinue the student's enrollment with no repercussions. At the end of the 30-day trial period, if the family or school does not act on this agreement, the student will be considered a full-time permanent student of Arizona Arts Academy.

Parent/Guardian Name (printed)

Date

Parent/Guardian Name (signature)

Arizona Arts Academy Administrator Name (printed)

Date

Arizona Arts Academy Administrator Name (signature)