

Family Dental Center Dental Assisting
4301 NW 63rd St. #303, Oklahoma City, OK 73116
Student Financial Contract

\$100 non-refundable deposit paid at the time of registration

Date Payment Remitted _____

Student Name Print _____

Payment Options

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Extended Payment (3 months) as outlined below:

By this contract, I agree to pay **FDC DENTAL ASSISTING SCHOOL**, hereafter known as "Lender," by the following schedule in exchange for the above-stated tuition. This payment schedule is enforceable by law, and the methods described below will be used in cases of delinquent payment.

By this agreement, it is agreed that SEE BELOW payment will be paid to the Lender every **MONTH**. The total payment required, which is **\$3000**, has been completed. The payment plan will take the following form:

Payment Schedule	Date	Amount
Down Payment		
First Payment		
Second Payment		

This agreement is binding, and failure to meet its terms will authorize the Lender to take certain recourse. Per the Enrollment Agreement, missed payments (3 days after the initial agreed date has passed) are subject to a prompt meeting with the Director. If a payment solution to resolve missed payments cannot be reached, the student will be terminated from school. If payment should not be delivered, the Lender will be entitled to take necessary payment recovery methods, including contacting a debt collection service and/or legal action.

All parties agree to the terms described above by signing this agreement. Both parties can only make alterations to this agreement and must be made in writing. Both parties will receive a printed copy of this agreement and will be responsible for upholding its terms. ***I have received, understood, and agree to this copy of the student financial contract and agree to comply or may be subject to termination in accordance with the above contract and policies outlined in the Catalog.***

Student Signature _____ Date _____

School Representative _____ Date _____