Shiloh CNA School
5980 S Durango Ste #121
Las Vegas, NV 89113
(725) 900-9094 - Fax (951) 525-8868
Email: administrator@wearesimplyhealth.com

Nevada Student Enrollment Agreement

Shiloh CNA School is Licensed to Operate by the Nevada Commission on Postsecondary Education

Last	First	M	Phone Number
Student's Address	**City**	**State**	**Zip**

Program Title:		**Start Date:**	*Date* ___/____/____
Total Clock Hours		**Scheduled Completion Date:**	*Date* ___/____/____
Program Tuition:		**The effective date of the catalog under which the student is enrolled:**	*Date* ___/____/____

Students have the option to pay with a cashier's cash, check, or credit card. Students will receive a receipt at the time of each payment. A $20.00 late fee will be assessed for students who fail to make agreed-upon payments by the scheduled due date. If a student defaults on their payment agreement will be sent to collections.

Payment			
Scheduled Due Date	*Date Payment Received*	*Scheduled Payment Amount*	*Amount Paid*
Payment Due on ___/____/____			
Payment Due on ___/____/____			
Payment Due on ___/____/____			

A certificate of completion will be awarded upon completion of the program this includes meeting the performance levels required for graduation. *All financial obligations must be met, and all accounts must be in good standing before a certificate completion and student transcript is issued to the student.*

- **Placement in a job is not guaranteed nor promised to graduates.**
- **I have received a copy of the catalog and understand that it us a part of the enrollment agreement.**
- **Shiloh CNA School does not accept credits for previous training.**

Right to Cancellation and Process: Students have the right to cancel this enrollment agreement within 72 hours (until midnight of the third calendar day), excluding Saturdays, Sundays, and legal holidays, after signing the agreement, for any reason. To cancel, students must submit a written statement requesting cancellation to the Admission Department by email at administrator@wearesimplyhealth.com or in person at 5980 S Durango Ste #121, Las Vegas, Nevada, 89113. Shiloh CNA School will return any monies paid by the student within 15 days of the request to cancel. Any funds paid by a third party on behalf of the student will be returned to the payee.

Students who cancel after this cancellation period are subject to the institution's refund policy as described in the school catalog.

I have reviewed each section of the enrollment agreement and had the opportunity to ask questions prior to signing the enrollment agreement:

_____ (initial) Staff answered my questions about the enrollment agreement and catalog sufficiently.

_____ (initial) I do not have any questions concerning the enrollment agreement or catalog at this time.

_____

SIGNATURE OF STUDENT DATE SIGNED

If the student is 16 or 17 years old, a parent or legal guardian must also sign below:

_____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE SIGNED

PRINTED NAME OF PARENT/LEGAL GUARDIAN RELATIONSHIP TO STUDENT

_____

SIGNATURE OF SCHOOL REPRESENTATIVE DATE SIGNED