

FINANCIAL INFORMATION

Elevate Dental Assisting School

Address

275 N Hwy 16 business suite 103 Denver Nc, 28037

Phone 980-222-7501

FAX 844-410-8872

Email: Elevatedaschool@gmail.com Website:

PROGRAM/COURSE COSTS - TUITION AND FEES

All students enroll for a complete program and pay tuition for the complete program prior to entrance unless other arrangements have been made. Tuition includes books and supplies. *Note: There is a \$50 late fee after 5 days from the installment due date as well as a 5% penalty of the amount due.*

Course	Tuition	Registration Fee	Admin Fee	Books/Supplies	Total
Dental Assisting	\$2935.00	\$125.00	\$310.00	\$325.00	\$3695.00

Registration fee- due at the time of application	\$125.00
TOTAL - Due 2 weeks prior to course start date	\$3570.00

FORM OF PAYMENT- Please indicate how payment will be received on the above dates.

CASH or Check _____ Online payment via website by the student _____

If you choose to have recurring payments from the school please fill out information below.

Credit Card: *MasterCard* _____ *Visa* _____ *American Express* _____

Name on Card: _____ Card Zip Code: _____

Card Number: _____ Expiration Date: ____/____ CVV: _____

Amount to be billed: Tuition installment as listed above Date to be billed: Dates listed above

By signing this form, you authorize Elevate Dental Assisting School to charge your card for the amount listed above on the listed dates.

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Cardholder signature: _____ Date: _____

