

# NORTHERN PLAINS DANCE

## Medical Leave Form

Tuition and registration fees are non-refundable. If a licensed medical provider documents a restriction period of more than four weeks due to injury or illness, the student's place in class will be held for the duration noted. Tuition will be frozen beginning on the date indicated in the medical documentation.

Students will not be permitted to attend class to participate or observe until the requested Medical Leave is over.

Tuition will continue to be charged until the medical leave documentation is received and processed by the office. Medical leave credits are not guaranteed and are granted solely at the discretion of NPD Staff.

### Section I: Student Information

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### Section II: Class Information

List the class(es) which you are currently enrolled:

Class: \_\_\_\_\_ Time & Day: \_\_\_\_\_

Please indicate reason and attach appropriate documentation: \_\_\_\_\_

### Section III: Acknowledgment

I understand that if I am requesting a medical leave for my student. Any tuition paid that will be unused for the duration of the medical leave will be held on my student's account as a tuition credit. Any classes held during the Medical Leave cannot be made up. I understand that a letter from a licensed medical provider must be submitted prior to my student returning to class.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Staff Use Only

Monthly  Quarterly

Current class tuition: \$ \_\_\_\_\_ # of classes attended: \_\_\_\_\_ Current class tuition: \$ \_\_\_\_\_ # of classes attended: \_\_\_\_\_

Tuition credit amount: \$ \_\_\_\_\_ Credit Expires: \_\_\_\_\_

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Non-dance customer: \_\_\_\_\_ Jackrabbit: \_\_\_\_\_

Email List: \_\_\_\_\_ Attendance Sheet: \_\_\_\_\_ Email Copy: \_\_\_\_\_