



CEDAR HILL PREP SCHOOL

152 Cedar Grove Lane, Somerset, NJ 08873

TEL : 732-356-5400

FAX : 732-356-5409

www.cedarhillprep.com

Tuition Re-Insurance/Tuition Refund Plan (Payments to be made by June 30, 2016)

FAQ

1. Your financial obligation to the school is for the "Full annual tuition" as stated in the school's enrollment contract and the Parent Obligation form that was signed by you to secure a seat. The school cannot refund tuition or cancel unpaid obligations if your child is forced to withdraw during the academic year.
2. This program helps both parties in the following manner -

A.) For parents who pay the entire 10 month fees upfront or semi-annually -

- I.) Withdrawal or absence for medical reasons - The plan will pay 75% of the unused yearly insured fees, provided the student's injury or sickness forces the student to withdraw from school or medical absence lasts for 31 or more consecutive days. Benefits are paid retroactive to the first day of medical absence.
- II.) Withdrawal or absence for medical reasons - The plan will pay 75% of the unused yearly insured fees, provided the student's mental health condition, as referenced by DSM -IV (diagnostic manual), forces the student to withdraw from school or medical absence lasts for 31 or more consecutive days.
- III.) Withdrawal for other than Medical reason (includes: moves, changes of objective, financial hardship and voluntary withdrawals). The plan will pay 60% of the unused yearly insured fees provided the student has withdrawn from school after attending more than fourteen consecutive calendar days beginning with the student's first class day of attendance in the academic year.
- IV.) Dismissal from the school - The plan will pay 75% of the unused yearly insured fees provided the student is dismissed from the school after attending more than fourteen consecutive calendar days beginning with the student's first class day of attendance in the academic year.

B.) For parents who are paying on a monthly basis -

You will be obligated to pay the tuition for the entire 10 months. The fact that the school fees are paid in monthly installments does not constitute a fractional contract. You need to give us a credit card on file which will be used to debit the tuition fees. By securing insurance coverage - you are assuring yourself a refund of 60% of the tuition owed. For example - If you withdraw your child in January for any of the above reasons (Medical, Non-Medical) or your child has been dismissed from school, you are still obligated to pay $\$900 \times 6 = \$5,400$ to the school. By securing this insurance or similar insurance - you will be compensated \$3,510 by the insurance company.



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WAIVER OF INSURANCE PROTECTION

I understand that my obligation to pay the required fees for the full academic year is unconditional. No portion of such fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal or dismissal from the school.

My child's name is _____

He/She is currently enrolled in _____
for the academic year 20__ / 20__.

I wish to participate in the Tuition Insurance Plan. I agree to pay 3% of the annual tuition charges for 20 __ / 20 __.

I do not wish to participate in the Tuition Insurance Plan and will meet the entire tuition obligations (10 months) of Cedar Hill Prep School, in the event of absence, withdrawal or dismissal from the school. I understand that I need to give you a credit card on file and that the school can charge the remaining fees owed for the academic term, even if I withdraw during the academic term.

My credit card number is: _____

Name on card: _____

Expiration Date: _____ Three digit code: _____

Parents Name

Signature

Date: