

Tuition Protection Fee Waiver

Date: _____

To: Camellia Waldorf School

From: _____
Parent(s)/Guardian(s)

From: _____
Parent(s)/Guardian(s)

School Year: _____
School Year (Exp. 2001-02)

Re: Student(s): _____	Grade _____
_____	Grade _____
_____	Grade _____

Please waive* my 2.0% tuition protection fee for the school year indicated above. I understand that by waiving this protection, I am foregoing a potentially substantial benefit. Specifically, if my child(ren) leave the school for any reason before the end of the school year, I will not receive a refund of any remaining tuition afforded by the tuition protection . (That is, no refund would be forthcoming.)

I hereby waive my rights to any tuition refund under the tuition protection program.

Signature Date

*Note: The tuition protection fee is optional **only if** tuition is paid in full in a single installment by August 1st, the month prior to the start of the school year indicated above.

