



Waiver of Insurance for Payment Plan A

Greensboro Montessori School requires families using Payment Plans B and C to participate in the School's Tuition Refund Plan ("TRP") to assist them with tuition obligations in case a student must withdraw or is dismissed. Families using Payment Plan A are not required to participate in TRP as long as tuition has been paid in full by June 1 of the upcoming school year. Nonetheless, Greensboro Montessori School strongly recommends all families, regardless of their elected Payment Plan, participate in TRP.

1) This Waiver of Insurance is for the upcoming 20____ - ____ school year.

2) The name(s) of the student(s) to which this Waiver of Insurance applies:

Student One: _____

Student Three: _____

Student Two: _____

Student Four: _____

3) Please select the option which reflects the number of signatories on your Enrollment Agreement.

One Signatory

I have read the foregoing; have reviewed the Enrollment Agreement carefully; have read the Tuition Refund Plan brochure on the School's website; and understand the effect of not participating in the Tuition Refund Plan. Nevertheless, I am electing to pay tuition in full by June 1 of the upcoming school year and hereby decline to participate in the Tuition Refund Plan for the school year for my student(s) named in the above section of this Waiver of Insurance.

Two Signatories

We have read the foregoing; have reviewed the Enrollment Agreement carefully; have read the Tuition Refund Plan brochure on the School's website; and understand the effect of not participating in the Tuition Refund Plan. Nevertheless, we are electing to pay tuition in full by June 1 of the upcoming school year and hereby decline to participate in the Tuition Refund Plan for the school year for our student(s) in the above section of this Waiver of Insurance.

Signature(s)

Please note, if tuition is not paid in full by June 1 of the upcoming school year, your family will be required to participate in the Tuition Refund Plan and will be charged accordingly, with no exceptions.

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____