ST. GEORGE'S EPISCOPAL SCHOOL

2025-2026 DEWAR Tuition Refund Plan Opt Out Request

_____ I/we wish to OPT OUT of the tuition refund insurance plan. I/we understand that regardless of the reason (to include, but not be limited to illness, absence, family relocation, withdrawal, dismissal) or hardship caused, St. George's will not refund or cancel our family's obligation to pay any and all tuition and fee charges due and owing to the school before the end of the school year. We agree to assume full responsibility for the full amount of the tuition and fee charges for the entire academic year.

Name of Student(s) _____

Date _____

Signature _____
Parent or Guardian Financially Responsible for Student(s)

TO OPT OUT YOU MUST SIGN AND RETURN THIS SLIP NO LATER THAN JULY 1, 2025 TO:

Emily LeJeune, 923 Napoleon Ave. New Orleans, LA 70115 emily.lejeune@stgnola.org, 504-891-5509