



Residence Room Agreement

Student's Name _____ has been assigned to a residence room and also agrees to the following:

1. Must be registered for class at the School
2. Health Clearance has been approved by Student Health Clearance Nurse
3. \$150.00 Refundable Deposit (pay on-line at <https://myportal.jfkmuhlenbergschools.org/>)
4. \$25.00 Non-Refundable Room Key Charge
5. Payment of residence fee of \$1800.00 per semester.

In an emergency situation in which the rights, health and safety of a student or other students may be violated or there is deemed to be potential for violations, the Dean of the Schools or her/his designee and JFK Medical Center Division Manager of Support Services or his/her designee reserve the right to search a room or rooms without prior notice. Rooms may also be inspected periodically, without notice, for safety factors and maintenance needs.

No refunds will be given on the residence fee if a student leaves the residence after the refund period (first ten (10)) days of the semester under the following conditions: 1) If a student moves out of the Residence; 2) If a student notifies the Student Accounts Department of their intention; 3) If a student's room shows no damages upon room inspections and 4) If a student returns all keys.

Students must vacate the residence at the conclusion of each semester. Intersession and holiday is by permission of the Dean only.

Students, and/or their personal belongings, who are granted permission to remain during the summer semester must pay the expected residence fee, which is \$1,200.00.

If students remain during the winter semester/holiday period, they must pay a prorated residence fee.

The School takes no responsibility for personal belongings.

I, _____, have read and reviewed this agreement, and I understand its contents. I also understand that I must vacate the residence no later than the one week after the semester.

Student Signature

Date

Witness Signature

Date

Home of Permanent Address _____

Emergency Contact: Name & Phone Number _____

NOTE: If a waiting list exists, priority for housing is given to full-time students and to those enrolled in a clinical course and who live 15 miles away from the School. Any questions, please contact Cindi Canfield at 908-668-2401.

Please print & submit this form by mail to: Hackensack Meridian Health, JFK Muhlenberg Snyder Schools, 1200 Randolph Rd, Plainfield, NJ 07060 Attn: Cindi Canfield.