

# Student Health Service

## Optional Student Health Service Contract

FOR NON-RESIDENT STUDENTS ONLY (Enrollment is automatic if you have on-campus housing)

Name	Date of Birth	Lesley Student ID#	
Local Address	City	State	Zip Code
Home Address	City	State	Zip Code
Cell Phone	Email Address		

### Optional Student Health Service Agreement

I would like to enroll in the optional plan for the Lesley University Student Health Service for the \_\_\_\_\_ semester of \_\_\_\_\_ (year). A new enrollment form must be completed for each semester you wish to enroll.

I understand that this service is optional, and is NOT health insurance coverage. The \$400 per semester charge is a non-refundable fee which will be charged to my student account and must be paid by the specified due date.

I am a full-time, undergraduate student of (please check one):  College of Liberal Arts and Sciences  College of Art and Design

I understand that I may enroll in this service during the first two weeks of the semester. If I have questions about the services available, I can contact the Lesley University Student Health Service at 617.349.8222.

\_\_\_\_\_  
Signature of Student (or parent, if student is under 18 years of age)

\_\_\_\_\_  
Date