

CLAIM FORM

Class Action Settlement of
Ryan, et al. v. Hidden Lake Academy, Inc., et al.
No. 2:06-CV-0146 (WCO) (N.D. Ga.)

The persons eligible to complete this Claim Form are those persons who, during the period January 1, 2000 through September 11, 2006, paid money to enroll a child at Hidden Lake Academy (“HLA”). These persons are called Class Members.

Class Member Name(s): _____

Class Member Address(es): _____

Class Member Telephone Number(s): _____

Class Member Email Address(es): _____

Complete Name of Child You Enrolled at HLA: _____

Your Relationship to Child Enrolled: _____

Dates Your Child Was Enrolled at HLA: _____

Total Amount You Paid HLA Exclusively For Tuition and Room and Board:
(See Further Instructions # 4 below): \$ _____

If more than one Class Member is listed above, any check which may be issued based on this Claim Form should be made payable to: _____

We declare under penalty of perjury under laws of the United States that the information provided in this claim form is true and correct to the best of our information and belief.

Signatures: _____

Date: _____

SUBSTITUTE FORM W-9

Request for Taxpayer Identification Number (TIN) and Certification

PART 1

NAME: _____

Check appropriate box:

___ Individual/Sole Proprietor ___ Corporation ___ Other (specify) _____

Enter TIN on appropriate line. For individuals, this is your social security number (“SSN”). For sole proprietors, you must show your individual name, but you may also enter your business or “doing business as” name. You may enter either your SSN or your Employer Identification Number (“EIN”). For other entities, it is your EIN.

____ - ____ - _____ or ____ - _____
Social Security Number Employer Identification Number

PART 2

CERTIFICATION

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT:

The number shown on this form is my/our correct Taxpayer Identification Number; and I (we) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, you must cross out the word “NOT” above. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

NOTE: If you require instructions for Completing Substitute Form W-9, please make a written request to us at Claims Administrator, *Ryan, et al. v. HLA, Inc., et. al*, Heffler, Radetich & Saitta L.L.P., P.O. Box 58116, Philadelphia, PA 19102-8116. Please note that your accountant should also be able to provide you with these instructions.

I/We declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, in _____, _____.
(City) (State / Country)

(Sign your name here) Date

(Type or print your name here) _____

Capacity of persons signing (e.g., Executor, Administrator or Corporate Title)

Proof of Enrollment: You must attach and mail to the Claims Administrator with this Claim Form a copy of the enrollment agreement under which you enrolled your child at the school. If you no longer have or cannot locate that agreement, please see # 6 of the Further Instructions below.

Deadline and Place to Submit Claim Form: The deadline to submit this Claim Form and supporting documents is August 1, 2008. This means your Claim Form must actually be *received* by the Claims Administrator by August 1, 2008 (and not just mailed or postmarked that day). Your Claim Form and supporting documents must be received by the Claims Administrator, as follows:

Claims Administrator
Ryan, et al. v. HLA, Inc., et al
Heffler, Radetich & Saitta L.L.P.
P.O. Box 58116
Philadelphia, PA 19102-8116
www.hrsclaimsadministration.com.

FURTHER INSTRUCTIONS FOR CLAIM FORM

1. You must complete all information requested. Please print legibly. Subject to court approval, a check will be sent only to those persons whose name appears in the Claim Form as being a Class Member.
2. Wherever applicable and feasible, if both parents or caregivers of the HLA student signed the HLA enrollment contract, both such parents or caregivers should complete a single Claim Form. Only the persons who signed the enrollment contract are eligible to complete this Claim Form and share in the settlement, even if another family member or any other person helped pay the tuition. In no event will a family be entitled to a “double” recovery, whether or not both such parents or caregivers sign the Claim Form. However, if you enrolled more than one child at HLA anytime during the applicable period, you may submit this claim listing all applicable payments.
3. So the Claims Administrator can identify you properly, it is important that you include your full name(s) and any prior name due to name-change from divorce or otherwise since your child was first enrolled at HLA. It is also important that you include your child’s full name, and his or her dates of enrollment at HLA.
4. In the line “Total Amount You Paid HLA Exclusively For Tuition and Room and Board,” please include only the amounts you personally paid to enroll your child at HLA. Please do not include, but instead exclude, any amounts you did not personally pay to HLA, such as any grants, scholarship proceeds, or any government funding or assistance you may have received (whether federal, state or local) to help pay for your child’s enrollment at HLA. Please also reduce any amounts you paid for tuition and room and board by the amounts of any refunds you may have received. In addition, please include only the amounts you paid to HLA for tuition and room and board. This is the monthly amount typically set forth in your enrollment agreement. Please also include the final three month or other non-refundable tuition deposit you may have prepaid to HLA. However, please do not include any other payments you may have made to HLA, whether for toiletries, prescription drugs, graduation or computer fees, gifts or donations, transportation fees, or any other “miscellaneous”, “incidental” or other charges. Please also include only the tuition and room and board you paid to enroll your child at HLA during the period January 1, 2000 through September 11, 2006. Please do not include the tuition you paid to enroll your child at HLA during any other time. Instead, your recovery (if any) will be based exclusively on how much you paid to HLA in the form of tuition and room and board, and only covering the period January 1, 2000 through September 11, 2006.
5. All parents/caregivers who file valid Claim Forms will share proportionately based on how much they paid in tuition and room and board on the one hand, and the net available settlement proceeds on the other. This is described more fully in the Notice of Pendency and Proposed Settlement of Class Action and Application for Fees and Expenses accompanying this Claim Form. You should read that Notice carefully.

Questions? Call 1-800-644-7835 TOLL FREE, OR
VISIT WWW.HRSCLAIMSADMINISTRATION.COM
DO NOT CALL THE COURT

6. Please include with your Claim Form a complete copy of your enrollment agreement. If you no longer have or cannot locate that agreement, please include with your Claim Form a statement, in writing, indicating that you no longer have or cannot locate your enrollment agreement, together with any other documents or information you have substantiating your child's attendance at HLA (such as a transcript, cancelled checks, etc.). Please submit photocopies of the above supporting documents; do not submit any originals.

7. It is critical that you comply with all of the requirements and that you send timely to the Claims Administrator your complete, signed Claim Form along with supporting documentation. Failure to do so may result in the denial of your Claim.

8. If your Claim Form is denied in whole in part, you will receive further notice and have the right to object. All determinations by the Claims Administrator and payments to class members are subject to the approval of the court.

9. If you are completing this Claim Form in a representative capacity such as a guardianship, please be sure to include with your Claim Form a certification or other evidence of your authority to so act.

10. Please retain a copy of the Claim Form and all supporting documents you submit.

11. Accurate claims processing takes time. Please be patient.

12. If you change addresses at anytime during the claims administration process, please promptly notify the Claims Administrator, in writing, of your new address.

13. By submitting this Claim Form, you understand and agree that you submit to the jurisdiction of the United States District Court for the Northern District of Georgia with respect to your claim and for purposes of enforcing the releases set forth in the parties' settlement. You also understand and agree that you are bound by any judgment entered in the litigation; that you will furnish to the Claims Administrator all additional information you have to support this claim if requested; that neither you nor anyone else has submitted any other claim on your behalf to share in this settlement; and that you have not assigned or transferred, or attempted to assign or transfer (whether voluntarily or involuntarily), your right to make this claim.

14. You also must complete, sign and return to the Claims Administrator with your Claim Form a Substitute Form W-9. You acknowledge and agree that you are exclusively responsible for any and all taxes which may be due in connection with any distribution from the settlement fund you may receive. You should also check with your tax advisor as you deem appropriate.