

## Student Accident Insurance

**This statement must be on file for each and every student.**

Student Accident Insurance is offered each year to students at an affordable price. **If you wish to enroll your student in the insurance, please mark the proper statement below and return this form to the school.** Enclose the proper payment for the insurance in the Insurance envelope, and mail directly to the company.

**If you do NOT wish the insurance, please mark the proper statement below and return this form to the school.**

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Grade

\_\_\_\_\_ **Please enroll** my student in the accident insurance. Proper payment should be sent directly to Insurance Company in the enclosed envelope.

\_\_\_\_\_ **I do not wish Student Accident Insurance at this time.**

\_\_\_\_\_

Parent's signature

\_\_\_\_\_

Date