



Student Insurance Coverage Form
School Year 2010/2011

I _____ (print parent name) verify that my child/ren,

(name), _____ (name),

(name), _____ (name),

is/are covered by a student health or accident insurance plan. I understand that I **must turn in a copy of my child(ren)'s plan card and this form before they will be able to attend school.**

Parent Signature Date