

Spring Branch Independent School District

Proof of Insurance

Attach a copy of the front and back of the insurance card should be submitted with this form.

Student Name: _____

Student ID: _____

School: _____

Type of Insurance: Government {Medicaid, CHIP, STAR, etc.}, Private, School Only, Both

Company Name: _____

Policy Number: _____

Group Number: _____

Name on Policy: _____