

EXTENDED DAY PROGRAM
Insurance Verification Form



TO: Health Insurance Department

FAX: 217-4241

SCHOOL _____ **PHONE** _____

SITE DIRECTOR _____ **FAX** _____

The following parent(s) has requested exemption from purchasing insurance for the student registered in the Extended Day Program because of insurance coverage through the Calcasieu Parish School Board.

CPSB Insured Employee	Social Security #	Student	Verification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance coverage by CPSB has been verified on the students initialed above.

Signed: Health Insurance Department

Date