



EAGLE ACADEMY

9350 TEDDY LANE
LONE TREE, CO 80124
303 387 0870 PH.
303 387 0889 FAX

STUDENT NAME _____ **DATE OF BIRTH** _____

Workman compensation is a form of insurance providing wage replacement and medical benefits to employees injured in the course of employment. Eagle Academy students work at a job for school credit and that job is considered an extension of their school day. As a part of that school day extension, Douglas County School District wants to make sure our student employee is covered by workman's compensation insurance. We are requesting the completion of this form as proof of workman's compensation insurance. By signing this form you are certifying that your business carries workman's compensation insurance.

REQUEST FOR WORKMAN COMPENSATION CERTIFICATION

Employer Name: _____

Employer Mailing Address _____

Employer City, State, ZIP: _____

Name of Insurance Carrier _____

Policy Number: _____

Nature of Business: _____

Manager Signature: _____