**MANDATORY INSURANCE VERIFICATION** ***(complete one form per student)***

**Year:** _____

Date: _____

I/We, the undersigned parent/guardian of_____
(Student Name – Please Print)

We do hereby acknowledge that my/our child(ren) cannot attend **Tabernacle Christian School** without coverage under a health/accident insurance policy, and further acknowledge that **Tabernacle Christian School** is not liable for accident coverage of injuries sustained while participating in school related activities.

**OPTIONS**

☐ I/We acknowledge that accidents and injuries are covered under my/our health insurance policy carried with:

_____

Insurance Company ID# Group# Policy #

Select one

☐ I/We will purchase the ***School Accident Insurance policy*** offered through Tabernacle Christian School. *(see description below)*

☐ I/We decline the ***School Accident Insurance policy*** offered through Tabernacle Christian School.

Parent/Guardian Signature: _____