TRIP INSURANCE

Activity Starts **Activity Ends**

Time: _____ Time: _____

Month: _____ Month: _____

Day: _____ Day: _____

Year: _____ Year: _____

Specific Group: _____

Location of Activity: _____

Principal Activity: _____

Teacher & Campus requesting coverage: _____

Employees attending:_____

List Students to be insured:

1._____ 12._____

2._____ 13._____

3._____ 14._____

4._____ 15._____

5._____ 16._____

6._____ 17._____

7._____ 18._____

8._____ 19._____

9._____ 20._____

10._____ 21._____

11._____ 22._____

This form must be turned in 2 weeks prior to the trip. Please email this form to jbarbosa@sbcisd.net or inter office mail.