



ST BENEDICT'S SCHOOL  
a minimis incipe

**Pupil Insurance  
Opt-in Form for Absence Insurance**

I would like the following child/children to be covered by absence insurance:

Child one: \_\_\_\_\_ Form: \_\_\_\_\_

Child two: \_\_\_\_\_ Form: \_\_\_\_\_

Child three: \_\_\_\_\_ Form: \_\_\_\_\_

Child four: \_\_\_\_\_ Form: \_\_\_\_\_

Child five: \_\_\_\_\_ Form: \_\_\_\_\_

I understand that the premium for this insurance will be added to my bill, and that the premium is likely to rise on an annual basis. My child/children will be insured for the duration of their time at the School unless I inform the School that cover is no longer required.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

