



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 which is 0.55% of the Termly fee (excluding extras) incl. VAT, 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: _____

Return completed form **by 23 June 2025** to: bursar@stbenedicts.org.uk or by post to:
The Bursar, St Benedict's School, 54 Eaton Rise, Ealing W5 2ES

