



# 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 26 June 2026** to: [bursar@stbenedicts.org.uk](mailto:bursar@stbenedicts.org.uk) or by post to: The Bursar, St Benedict's School, 54 Eaton Rise, Ealing W5 2ES

