**GEORGETOWN HIGH SCHOOL**

**To: Parent/Guardian**

**Date: School Year 2015-2016**

**Re: Insurance for Students in Career & Technology Classes**

**All students participating in Career & Technology courses are required to have insurance to cover injuries or accidents that may occur in class. Please indicate by checking the proper box and signing your name under the child’s name that the student has coverage, either school time insurance or personal insurance.**

**NOTE: Your child will not be allowed to participate in shop activities without insurance**

 **coverage. This will mean a loss of that part of the student’s grade.**

**( ) School Time Insurance (School time insurance coverage)** **and must be**

**purchased** online **at** [**www.BollingerSchools.com**](http://www.BollingerSchools.com) **or the student may request a**

**mail in application from his/her teacher.**

 **( ) Personal Insurance Coverage**

**If you have personal insurance coverage, please write the name of the company**

**in the blank below.**

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 **Name of Insurance Company Name of Insured**

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 **Student’s Name Teacher’s Name/Course**

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 **Parent’s Name Date**

**\*This form must be turned in to your CATE teacher\***