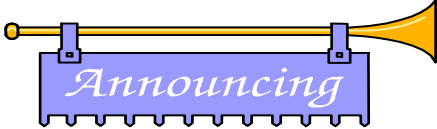


Acacia Academy
6425 S. Willow Springs Road
LaGrange Highlands, IL 60525



Version 1
Student Insurance Policy

We do not offer student insurance for purchase, as most public schools do. Therefore, we request that you provide your own insurance and keep it in force throughout the school year.

Student Name: _____
(Please print)

Parent/Guardian: _____
(Please print)

During this school year while my child attends Acacia Academy, I agree to keep medical insurance coverage current and in force.

Should an unavoidable accident occur at school, (such as falling down stairs, injury from a sports game, recess activity, or P.E. etc.) either my insurance company or I will accept responsibility for all medical expenses incurred, which result from any school accident.

I will not hold Acacia Academy liable for expenses incurred by any such accident.

Parent/Guardian Signature

Date