



Indiana Conference of Seventh-day Adventists

2007-2008 Student Accident Insurance Program

Directions: This form is due along with your September Report. Please use this form to tell us how many students will be covered by our Student Accident Insurance. Please include **any** student/child who **regularly** attends your school or child care ministry for **any** part of a school day. For example:

- *If you have a home schooled student who comes to sing in your choir, include him/her in your count. (Feel free to bill his/her parents for this policy because your school will be billed for him/her.)*
- *If you have a child who attends your Pre-K or Kindergarten just three days a week or only partial days, include him/her in your count.*
- *If you have a student who will only be attending your school for two months, include him in your count.*
- *When in doubt, include a student in your count.*

Name of Your School: _____

Name of Your Child Care Ministry: _____

The Number of Children Enrolled in Your Childcare Ministry _____ x \$11.50 = \$ _____

The Number of Preschool/Kindergarten Students Enrolled _____ x \$11.50 = \$ _____

The Number of Students enrolled in Grades 1-10 _____ x \$23.00 = \$ _____

(Only schools without grades 11 & 12 may use this rate)

***TOTAL** = \$ _____

Principal/Director's Signature: _____ Date: _____

**Your School and/or Child Care Ministry will be Billed by the Conference for this Amount*