

**Part Time Student
Accident Insurance Form
2025-2026 School Year**

The mission of the Seventh-day Adventist schools in the Georgia-Cumberland Conference is to provide quality education in a spiritual setting for the students enrolled. It is also a goal to be of service to the communities in the area of our schools. One of the ways the schools may provide service is to permit part time students to participate in certain activities, programs, or classes at the school.

This form is to be used to register the part time student for insurance coverage when involved with school activities. One form must be completed annually for each part time student.

The student accident insurance is primary for the first \$500.00 and then secondary up to \$25,000 and has a catastrophic accident medical benefit of up to \$1,000,000.

Coverage begins: August 15, 2025 Coverage ends: August 14, 2026

School Name _____

Parents agree to the following stipulations:

1. Parents will pay a fee to the **school** to purchase student accident insurance:
PreK-K - **\$25.00** 1-8 - **\$35.00** 9-12 day student - **\$85.00**
2. Parent's supervision of their part time student may be requested by the school to assist in supervision during the activities, programs, or classes.
3. Parents will be required to accompany their part time student on any off-campus trips.
4. The school assumes no responsibility for the part time student outside of the scope of the activities, programs, or classes in which the child is registered to participate.

Part Time Student Name _____ Birth date _____

I have read and agree to the stipulations above. I recognize that the student accident insurance only covers my part time student during school-sponsored activities.

Parent Signature _____ Date _____