



*Sr. Thea Bowman Catholic School  
1217 Hattiesburg Street  
Jackson, MS 39209*

**Insurance Form**  
**2010-2011**

Please check and complete the appropriate section, sign and return.

I. \_\_\_\_\_ I/We do not currently have insurance and will need to apply for insurance.

II. \_\_\_\_\_ I/We have an insurance policy covering injury to my children.  
*I have enclosed a copy of my insurance card.*

**Note to our parents:**

**As the parent(s) or guardian of the child(ren) listed below who are attending Sister Thea Bowman Catholic School, I/We hereby certify that our present policy provides coverage for any accident, which might occur during the school day.**

**We are aware of the requirement of the Diocese of Jackson, that all children must have this coverage. We are also aware that the school is not liable for any deductible, out-of-pocket expenses, or other uninsured amounts paid by myself or others for medical expenses incurred by my child(ren).**

**Name(s) of Child(ren) (print)**

**Grade**

---

---

---

---

---

---

**Parent/Guardian (print name)**

---

**Parent/Guardian Signature**

---

**Date**

---