



Derby Middle School

10 Nutmeg Avenue

Derby, CT 06418

(203) 736-1426 (office)

(203) 736-3234 (fax)

Mr. William Vitelli

Principal

Mr. Sean O'Meara

Dean of Students

Derby Public Schools Insurance Waiver

_____ Date

I, _____, parent or guardian of _____
Parent / Guardian Student

DECLINE the offer to purchase student insurance. _____ participation in
Student

will be covered under the following insurance plan.

Detail Insurance Coverage

Type of Plan:

- | | |
|----------|--------------------|
| 1. _____ | Membership # _____ |
| 2. _____ | Membership # _____ |
| 3. _____ | Membership # _____ |

Check One:

Individual Family Coverage

Group Family Coverage

If Group Coverage

Name of Employer: _____

Address of Employer: _____

Telephone Number: _____

I understand the Derby Public Schools' insurance is excess coverage. **Students must provide individual basic coverage when participating in school activities.**

Parent / Guardian Signature

Date

Superintendent

Date

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