



INSURANCE FOR CONTINUATION OF STUDIES REQUEST FORM 2014-15

Name of Pupil(s) _____

Year _____

Email parent/legal tutor _____

- Yes, I would like to take out the Continuation of Studies Insurance.** Please give details of person or persons covered by the insurance.

Name and Surname of the 1^o person insured

Age _____ NIF _____

Name and Surname of the 2^o person insured (optional)

Age _____ NIF _____

- I do not wish to continue with the Continuation of Studies Insurance.**

Name and Surname of the person/s insured

Signature:

Date: _____ / _____ / 201