



King's College  
*The British School of Madrid*

### **INSURANCE FOR CONTINUATION OF STUDIES REQUEST FORM 2018-19**

Name of Pupil/s \_\_\_\_\_  
\_\_\_\_\_

Year Group \_\_\_\_\_

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<sup>o</sup> person insured

\_\_\_\_\_

Age \_\_\_\_\_ NIF \_\_\_\_\_

Name and Surname of the 2<sup>o</sup> person insured

\_\_\_\_\_

Age \_\_\_\_\_ NIF \_\_\_\_\_

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

Name and Surname of the person/s insured

\_\_\_\_\_

Signature:

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2018