

Return This Form



**Silicon Valley Career Technical Education Center
Student Insurance Information Request or Waiver Form**

August 1, 2018

Dear Parent or Guardian:

This is to inform you that your son/daughter is enrolled in a class at the Silicon Valley Career Technical Education Center (SVCTE), which may involve activities requiring the use of industrial type equipment and/or heavy machinery. While SVCTE takes every precaution, including intensive safety training in each class, the possibility of an accident is always present. Therefore, for those without adequate accident insurance coverage, arrangements have been made to provide coverage for your child through a third party. This policy offers reasonable protection at a moderate price.

Please mark and sign this statement below requesting or waiving additional insurance coverage.

Yes, I would like to receive information on purchasing insurance.

No, I do not wish to purchase insurance.

I have read the above information and have checked one of the boxes.

Student Name (Please Print)

Parent or Guardian Signature

SVCTE Class and Teacher

AM / PM
(Circle One)

Date Signed