



Rutherford County Schools

382 West Main Street
Forest City, NC 28043

Phone (828) 288-2200
Fax (828) 288-2490

David M. Sutton, Ed.D.
Superintendent

BOARD OF EDUCATION:
Phillip Morrow, Vice-Chair
John Mark Bennett
Rick Ficklin

Sherry Bright, Chair
Barry Gold
Brandon Gosey
Brandi Nanney

Dear Parents and Guardians:

We are excited that your child plans to participate in extracurricular activities at his or her school during the 2019-2020 school year! We are also committed to your child's safety and welfare. For that reason, Rutherford County Schools requires that all students who participate in programs with a higher risk of physical injuries than most school activities, including, but not limited to, off-site internships, competitive sports, cheerleading, and a variety of Career-Technical Education courses, must be protected by student accident insurance. Please complete the form below to verify your child's student accident insurance coverage and return it to your child's school by _____ (date).

If you have any questions, then please contact the principal at your child's school for more information. Best wishes for a happy, safe, and rewarding school year!

Sincerely,

David M. Sutton, Ed.D.
Superintendent

VERIFICATION OF STUDENT ACCIDENT INSURANCE FOR THE 2019-2020 SCHOOL YEAR

Name of Student: _____

School: _____

Please check ONE box below to indicate the status of your child's student accident insurance:

I have obtained private student accident insurance on behalf of my child through _____ (company name), policy number _____, effective from _____ (policy activation date) until _____ (policy expiration date).

I have not obtained private student accident insurance on behalf of my child and will obtain student accident insurance through the school district's current vendor. I agree to provide proof of insurance to my child's school when the policy is issued.

In the event of a lapse in student accident insurance coverage, I understand that my child may not participate in programs with a higher risk of physical injuries until replacement coverage is secured.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Rutherford County Schools Vision: All Rutherford County students will graduate prepared for college and career success.

In compliance with federal law, Rutherford County Schools does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its policies, programs, activities, admissions, or employment.