

TREYNOR COMMUNITY SCHOOL

102 East Main Street PO Box 369

Treynor, Iowa 51575-0369

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Dr. Joel Beyenhof, Supt.

Rick Nickerson, MS/HS Prin.

Jill Kay, Elem. Prin.

REQUIRED FOR ALL STUDENTS

Dear Parents/Guardians:

Treynor Community School district ***does not*** provide any type of health or accident insurance for injuries incurred by your child at school or during any school sport or activity.

Please sign the bottom of this letter and return to any school office indicating your understanding that it is the responsibility of the parent/guardian to provide adequate insurance protection.

INSURANCE WAIVER

Student Name _____

Grade _____

I/We, the undersigned, understand that Treynor Community School does not provide any type of health or accident insurance for our child while attending school and/or participating in sports or activities.

Signature of Parent/Guardian

Date _____