

West Central Community Unit School District #235  
1514 US Route 34, Biggsville, IL 61418  
(309) 627-2371 phone  
(309) 627-2453 fax

**SCHOOL INSURANCE WAIVER  
2023-2024**

I hereby state that I do not wish to purchase school time coverage, 24 hour insurance or football insurance provided through the school for my child(ren) since we feel we have adequate coverage under our present policy with the company listed below. I also understand that there is absolutely NO coverage provided by the school.

\_\_\_\_\_  
(name of insurance company)

**NAMES(S) OF CHILD(REN):**

- |          |             |
|----------|-------------|
| 1. _____ | Grade _____ |
| 2. _____ | Grade _____ |
| 3. _____ | Grade _____ |
| 4. _____ | Grade _____ |
| 5. _____ | Grade _____ |
| 6. _____ | Grade _____ |

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date