

Central Lyon Community School

Serving Rock Rapids, Doon and Surrounding Area 1105 S. Story Street, P.O. Box 471 Rock Rapids, IA 51246

Dear Parents/Guardians:

Central Lyon Community Schools does not purchase accident or health insurance to cover injuries incurred by your student at school.

We encourage all families to have accident and health insurance coverage on their children prior to commencement of classes, or participation in any sports or school sponsored activity. Please refer to the Student Accident Insurance brochure for details of the program available for purchase for Central Lyon students.

Options for Coverage:

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		Annual Premium
Full Time (24hr) Coverage – PK -12		\$99
(With NO Interscholastic Sports Co	verage)	
Full Time (24hr) Coverage PK-12 (with All Sports; except NO Football Grades 9-12)		\$174
School Time Coverage Gra (With NO Interscholastic Sports Co		\$16
School Time Coverage (with All Sports; except NO Footbal	PK-12 I Grades 9-12)	\$91
Football Coverage Grades 9-12		\$250
Extended Dental Coverage	PK-12	\$9

Actual coverage is determined only by the Master Policy issued to Central Lyon schools.

Continued on Reverse

The mission of the Central Lyon Community School District is to provide an education and the opportunity for all students to become productive, life-long learners.

The brochure/application will be available at Central Lyon. Coverage is not effective until 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office. Please review the brochure carefully.

Central Lyon Community School District has arranged for this coverage through Frontier Insurance in Rock Rapids. However, Central Lyon School District does not participate in, nor does it have any responsibility or authority in the operation of the plan, the coverage afforded or claims payments. If you have any questions regarding the coverage, or would like additional information, please contact Lisa Dieren at Frontier Insurance at 712-472-3551 or 800-552-3471.

If you already have adequate insurance, p	please sign and return the form below to the school.
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Student's Name	School: Central Lyon Community School
named above, while practicing or particip	equate insurance protection for my/our son/daughter pating in any manner in any school activities, including not to purchase Student Accident Insurance.
arents/Guardian SignatureDate:	