

# MEMO

**Jane Simard**

**Business Administrator**

**Derry Cooperative School District**

**18 South Main Street, Derry, NH 03038**

To: Parents/Guardian  
Date: August 31, 2010  
Re: Student Insurance

Attached is a Student Accident Insurance Protection Plan pamphlet. If you currently do not have health insurance, this is an affordable plan for your child or children provided by Lefebvre Insurance.

As a reminder, students that participate in after school athletics and extra-curricular activities must be covered by medical insurance in order to participate.

Please sign below that you have seen the accident insurance pamphlet and return the bottom portion of this memo to your child's school.

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Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Yes, I have read the above memo regarding student insurance.

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

Date \_\_\_\_\_