PARENTAL RELEASE

Dear Parents,

In order for a student to participate in shop/lab related courses in the Paulding County School District, it is necessary for him/her to purchase school insurance or a release form signed by you stating that he/she is covered under your personal health insurance policy. If for any reason this information changes during the school year, please contact your child’s instructor or the school’s CTAE Supervisor to inform them of changes.

Please sign this release and return it to his/her instructor so that your child will be able to participate in shop/lab classwork.

RELEASE

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is

*(Name of Student)*

covered under **school insurance** or is covered under our **personal health insurance policy**. (Please circle one.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance/Provider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature