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## International Insurance Agreement

All international students must use the insurance plan provided for our students. No other insurance may be used in its place.)

Name of Student printed:

Check one:

\_\_\_\_\_ 10 month- 1490 USD

\_\_\_\_\_ 12 month- 1640 USD

I have checked off the number of months of insurance for my daughter and will be sure the Academy of the Holy Family receives the full amount by August 25<sup>th</sup>, 2011

\_\_\_\_\_  
(parent name printed) (date)

\_\_\_\_\_  
(parent signature) (date)

*Pursue knowledge; embrace the truths of Christ; respond to the needs of others.*