



VICTORY CHRISTIAN ACADEMY
THE CENTER FOR LUTHERAN EDUCATION



Proof of Health Insurance Form

All students must be covered by a health/accident/hospitalization insurance policy and provide proof of coverage to the school office.

School Year: _____ Grade Entering: _____

Student Name: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Number: _____

Certificate Number: _____

Group Number: _____ Code Number: _____

Other Policy Identifying Number(s): _____

Name of Insured: _____ Relationship to Student: _____

Expiration Date: _____

I hereby certify that the above information is complete and accurate to the best of my knowledge. I understand that if any of this information is to change I must notify the school office.

Parent/Guardian's Signature

Date

If Health Coverage Needed:

Contact Randy Prescott of Prescott & Associates Insurance Agency (Or any other Health Insurance Agency)
345 F Street, Suite 210 ▪ Chula Vista, CA 91910 ▪ 619.420.7600

