



St Cyprian's School

SCHOOL FEE REMISSION INSURANCE - 2010

APPLICATION FORM

I wish my child to participate in the School Fee Remission insurance in 2010. I have read and understand the exclusions listed.

NAME OF PUPIL:

.....

GRADE:

.....

ANNUAL FEE:

.....

Kindly debit my school account with the amount of R..... (1.35% of the Annual fee of R.....)

DATE: SIGNATURE:

.....

(Please return the completed application form to the school)

EXCLUSIONS APPLICABLE TO SCHOOL FEE REMISSION COVER (Refer policy wording for full details)

No indemnity will be granted if an individual pupil is kept from school owing to fear of infection or directly or indirectly attributable to HIV, any HIV related illness and AIDS including derivatives or variations thereof or due to a congenital abnormality or as a result of inoculation or similar preventative treatment unless this is required by the school authorities due to an epidemic in the vicinity of the school or the pupil's residence. (Should the HIV virus have been contracted through no fault of the insured, then cover will be in force) In addition, remission of fees due to pre-existing defects, disorders, conditions or malformations are excluded, it being understood that at the commencement of cover (or any subsequent renewal of cover) insured pupils will be mentally and physically fit and of normal standard of health and physique for his/her age and not having been subject to periodic attacks of illness or having been in contact with contagious or infectious disease.