



CHRISTIAN SCHOOLS  
INTERNATIONAL

## Co-op Student Insurance Registration Form

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_  
*First Initial Last*

Student Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Co-op Assignment Start Date:

Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Co-op Assignment End Date:

Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Co-op Employer Name: \_\_\_\_\_

Enclose \$25 premium per student.

Make cheques payable to CSI-Canada Insurance Plan and Trust Fund.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date