



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.

signed

date