

Travel Insurance Enrollment

Date: [Insert Date]

To Whom It May Concern,

We are writing to inform you that our school will be organizing an excursion to [Insert Destination] on [Insert Date]. In order to ensure the safety and well-being of our students, we are requiring all participants to enroll in travel insurance.

Please complete the following details:

- **Student Name:** _____
- **Grade/Class:** _____
- **Emergency Contact Name:** _____
- **Emergency Contact Phone Number:** _____

We recommend selecting a comprehensive travel insurance policy that includes coverage for medical emergencies, trip cancellations, and lost belongings.

Please submit the completed form and a copy of the travel insurance policy by [Insert Deadline] to the school office.

Thank you for your cooperation.

Sincerely,
[Your Name]
[Your Position]
[School Name]
[School Contact Information]