

Chancellor Academy

157 West Parkway • P.O. Box 338 • Pompton Plains • New Jersey 07444
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Kevin McNaught / Executive Director • Christopher Pagano / Director

Dear Parent(s)/Guardian(s):

The policy and procedures of Chancellor Academy and the State of New Jersey require that we request from you the name of your child's health insurance provider.

We are requesting this information for two reasons:

1. To ensure your child receives that best emergency health care possible in the event of an accident or emergency at school.
2. To ensure our insurance provider is able to coordinate benefits with your health insurance provider. This will prevent you from being sent medical bills already covered by our insurance.

Please complete the form at the bottom of this letter and return it to Stacey Connolly, R.N., Chancellor Academy Nurse.

Sincerely,
Chancellor Academy

Christopher Pagano

Christopher Pagano
Director

Stacey Connolly

Stacey Connolly
B.S.N., R.N., C.S.N. - N.J.

Student's Name: _____

Health Care Insurance Provider: _____

Policy Number: _____

No. Health Care Insurance Provider : _____ (check if applicable)

Business Office

7 Industrial Road • Unit 203-A • Pequannock, New Jersey 07444

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