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**Niagara Education and Business Consulting**

Student Medical Insurance Application Form

学生医疗保险申请表

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| --- | --- | --- | --- |
| Student’s  First Name | Click or tap here to enter text. | Student’s  Last Name | Click or tap here to enter text. |
| Gender | Male  Female | Birthday | Click or tap to enter a date. |
| Father’s  First Name | Click or tap here to enter text. | Father’s  Last Name | Click or tap here to enter text. |
| Mother’s  First Name | Click or tap here to enter text. | Mother’s  Last Name | Click or tap here to enter text. |
| Date to start Insurance | Click or tap to enter a date. | Date to end Insurance | Click or tap to enter a date. |
| Home Address |  | | |
| Name of the School Attending |  | | |

Date: ­­­­­­­­­­Click or tap to enter a date.